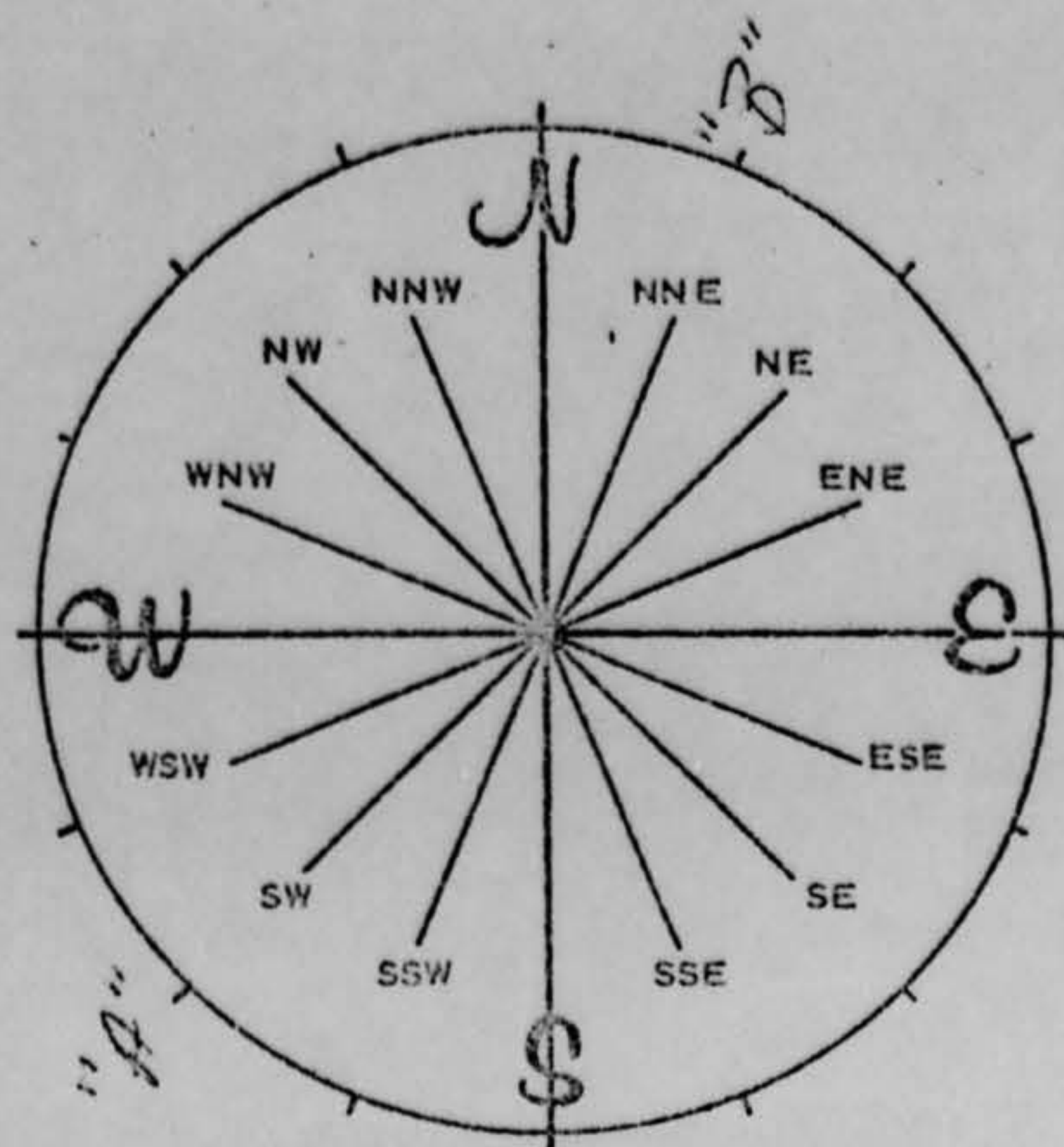


# PROJECT 10073 RECORD

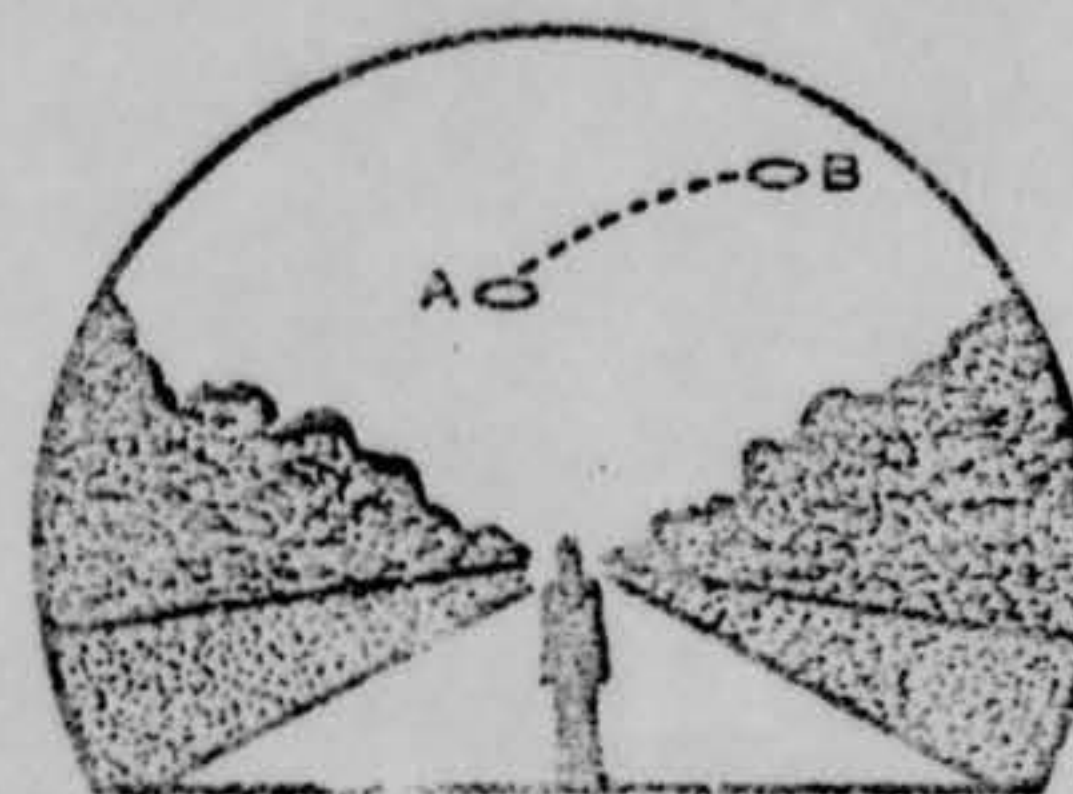
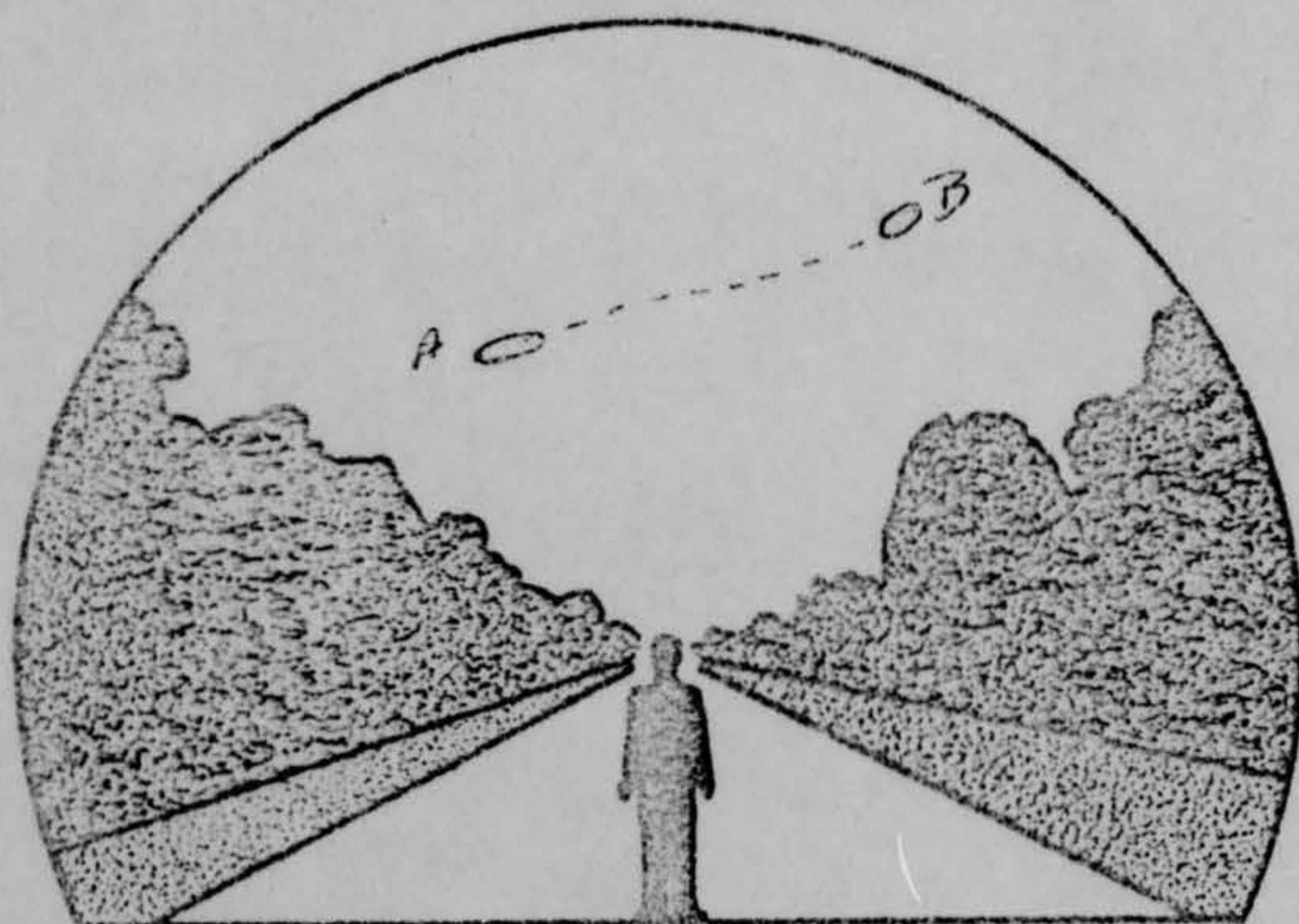
1. DATE - TIME GROUP 6 November 67 07/0030Z	2. LOCATION Dayton, Ohio (2 Witnesses)
3. SOURCE Circled	10. CONCLUSION INSUFFICIENT DATA
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION Not Reported	11. BRIEF SUMMARY AND ANALYSIS Second <sup>hand</sup> report. Observers were sent a Form 117 but failed to return them.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE Not Reported	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/> OUTDOORS		<input type="checkbox"/> IN BUSINESS SECTION OF CITY	
<input type="checkbox"/> IN BUILDING		<input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY	
<input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER		<input type="checkbox"/> IN OPEN COUNTRYSIDE	
<input type="checkbox"/> IN BOAT		<input type="checkbox"/> NEAR AIRFIELD	
<input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		<input type="checkbox"/> FLYING OVER CITY	
<input type="checkbox"/> OTHER		<input type="checkbox"/> FLYING OVER OPEN COUNTRY	
		<input type="checkbox"/> OTHER	
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
<input type="checkbox"/> NORTH	<input type="checkbox"/> EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> SOUTH	<input type="checkbox"/> WEST		
<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> SOUTHEAST		
<input type="checkbox"/> NORTHWEST	<input type="checkbox"/> SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.  			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.  			
HOW MUCH OTHER TRAFFIC WAS THERE?  			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.  			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME		<input type="checkbox"/> CERTAIN OF TIME	<input checked="" type="checkbox"/> NOT VERY SURE
<i>APP - 3 1/2 min to 4 min.</i>		<input type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED? <i>TIME / ASPP DETERMINED BY GUESS.</i>			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.  			



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER			
	DAY	<input checked="" type="checkbox"/>	CUMULUS CLOUDS ( <i>Low fluffy</i> )		FOG OR MIST
	TWILIGHT		CIRRUS CLOUDS ( <i>High fleecy or Herring-bone</i> )		HEAVY RAIN
<input checked="" type="checkbox"/>	NIGHT				LIGHT RAIN OR DRIZZLE
	CLEAR		NIMBUS CLOUDS ( <i>Rain</i> )		HAIL
<input checked="" type="checkbox"/>	PARTLY CLOUDY		CUMULONIMBUS CLOUDS ( <i>Thunderstorms</i> )		SNOW OR SLEET
	COMPLETELY OVERCAST				UNKNOWN
			HAZE OR SMOG		NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS		(2) MOON			
<input checked="" type="checkbox"/>	NONE	<input type="checkbox"/>	BRIGHT MOONLIGHT	<input checked="" type="checkbox"/>	NO MOONLIGHT
<input type="checkbox"/>	A FEW	<input type="checkbox"/>	MOON WITH HALO	<input type="checkbox"/>	UNKNOWN
<input type="checkbox"/>	MANY	<input type="checkbox"/>	MOON HIDDEN BY CLOUDS		
<input type="checkbox"/>	UNKNOWN		PARTIAL (New or quarter)		

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/>	IN FRONT OF YOU	<input type="checkbox"/>	TO YOUR RIGHT	<input type="checkbox"/>	OVERHEAD (Near noon)
<input type="checkbox"/>	IN BACK OF YOU	<input type="checkbox"/>	TO YOUR LEFT	<input type="checkbox"/>	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

STREET LAMP

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

PHENOMENON APPEARED TO BE A LIGHT WHICH WAS SELF-LUMINOUS. IT APPEARED TO BE A AMBER COLOR. ALSO SEEMED SOLID & SLIGHTLY FUZZY AROUND THE EDGE. IT SEEMED TO BE RECTANGLE OR OBLONG (SEE SKETCH)

0



13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	X		
	STAND STILL AT ANYTIME?		X	
	SUDDENLY SPEED UP AND RUN AWAY?		X	
	BREAK UP IN PARTS AND EXPLODE?	X		
	CHANGE COLOR?		X	
	GIVE OFF SMOKE?		X	
	CHANGE BRIGHTNESS? (POSSIBLY DUE TO LOW OVERCAST.)	X		
	CHANGE SHAPE?		X	
	FLASH OR FLICKER?		X	
	DISAPPEAR AND REAPPEAR?		X	
	SPIN LIKE A TOP?		X	
	MAKE A NOISE?		X	
	FLUTTER OR WOBBLE?		X	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

I HAD BEEN TALKING TO A FRIEND ON HIS PORCH. HE HAD GONE INTO THE HOUSE TO ANSWER A PHONE CALL. I TURNED AROUND & LOOKED ACROSS THE STREET. I THEN GLANCED UP TO THE SKY & SAW THE OBJECT.

A. HOW DID IT FINALLY DISAPPEAR?

I WATCHED ~~THE~~ THE OBJECT FOR ABOUT 2 1/2 TO 3 min. MY FRIEND THEN CAME OUT & I BROUGHT THE OBJECT TO HIS ATTENTION. ABOUT 30 SEC. BEFORE THE OBJECT DISAPPEARED IT SEEMED TO DROP A SMALL LIGHT OR SPARK. SEEMED TO GROW DIM & BRIGHTER SEVERAL TIMES & DISAPPEAR.

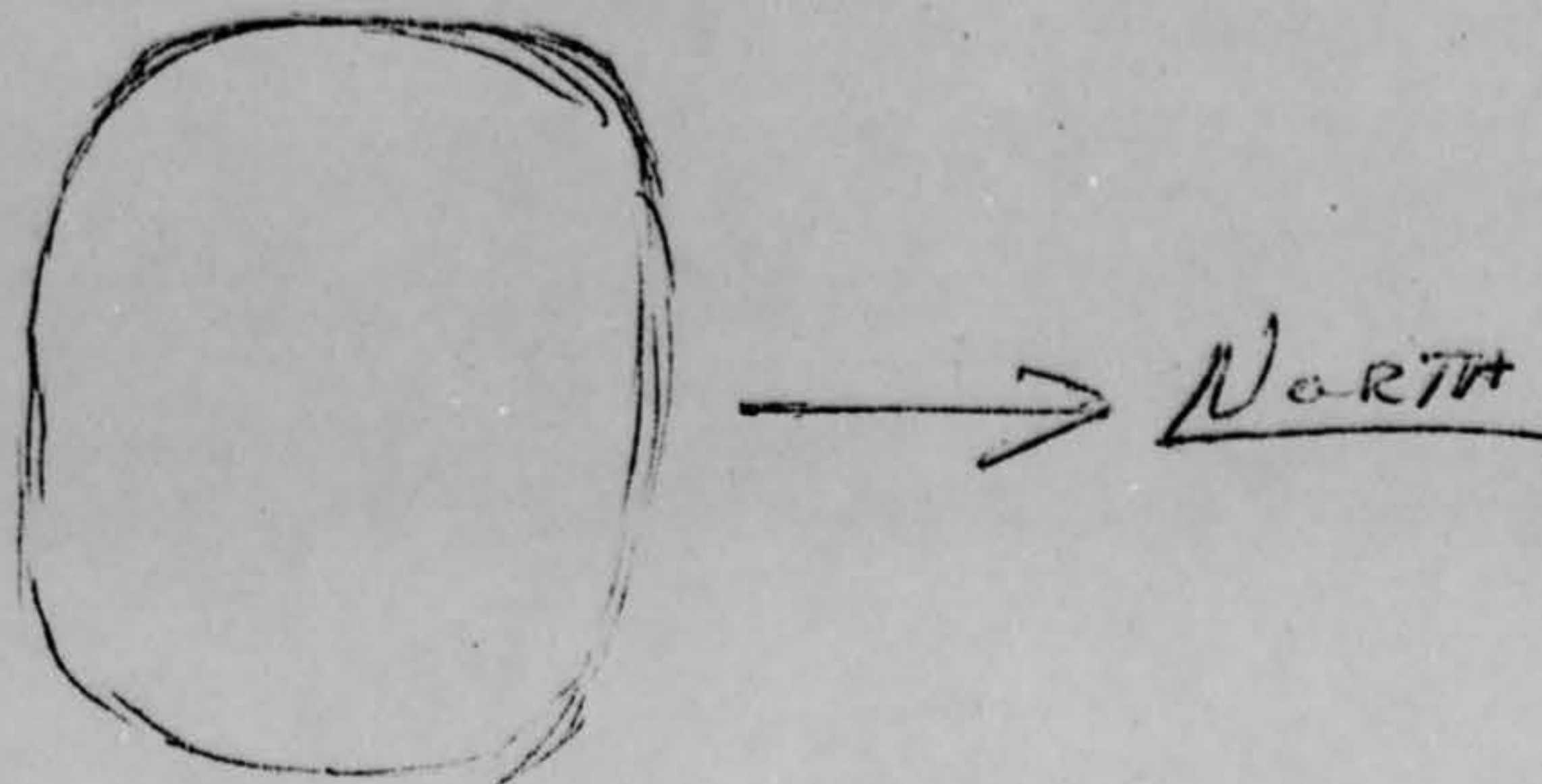
B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☒ YES ☐ NO. IF "YES," DESCRIBE.

ONLY BEHIND A LOW OVERCAST. BUT NEVER COMPLETELY OUT OF SIGHT.

NOTE: LOW OVERCAST IS ONLY A POSSIBILITY,  
 SEE 13



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

ABOUT ALL OF THE OBJECT WOULD HAVE BEEN COVERED.



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGLASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 1.

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 2.

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

OBJECT HAD THE SHAPE OF A SPOOL OR THREAD,  
EXCEPT IT SEEMED TO BE LIT.

NOTE: 18 & 19 - NO DEFINATE SPEED OR DISTANCE  
CAN BE ASSUMED. AT TIME IT SEEMED TO BE THE  
SAME SPEED AS A HIGH FLYING JET. AFTER MUCH  
THOUGHT IT MIGHT HAVE BEEN GOING SLOW. AND ABOUT  
500 FT. HIGH. MAINLY BECAUSE OF THE OBJECT WHICH IT  
DROPPED.

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?

A. LIST THEIR NAMES AND ADDRESSES

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

AGE

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

EMPLOYED-DELCO MORRIS

PRESSMAN OR ASSEMBLER

NO OTHER EXCEPT THAT MY MOTHER WAS EMPLOYED  
BY AIR FORCE FOR 15 YEARS AND I ~~HOW~~ KNOW  
AIRCRAFT WHEN I SEE AIRCRAFT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME

DAY

MONTH

YEAR

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY

MONTH

YEAR




27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

At about 9:35 P.M. 11-23-67 I noticed object coming from southern part of sky. I observed object for about 3 1/2 to 4 min.

The only thing that caused me to call was the fact that about 30 sec. before object disappeared it dropped something that looked like a spark.

Also note at first report I said that the object was going fast & was fairly high. The reason why I change my statement is because the object that fell seemed to come down straight & if the main object had been traveling at any high rate of speed this would not happen, I feel.





23 Nov 67

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF:

TDPT/UFO

NOV 30 1967

SUBJECT:

UFO Observation, 23 November 1967

TO:

[REDACTED]  
Dayton, Ohio 45405

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 23 November 1967 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 23 MONTH Nov YEAR 1967

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 10 ☐ A.M. ☒ P.M.

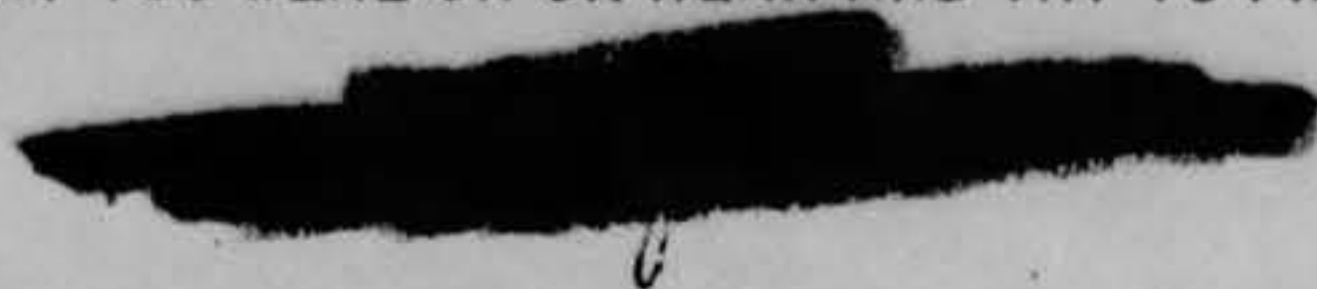
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 15 ☐ A.M. ☒ P.M.

4. TIME/ZONE

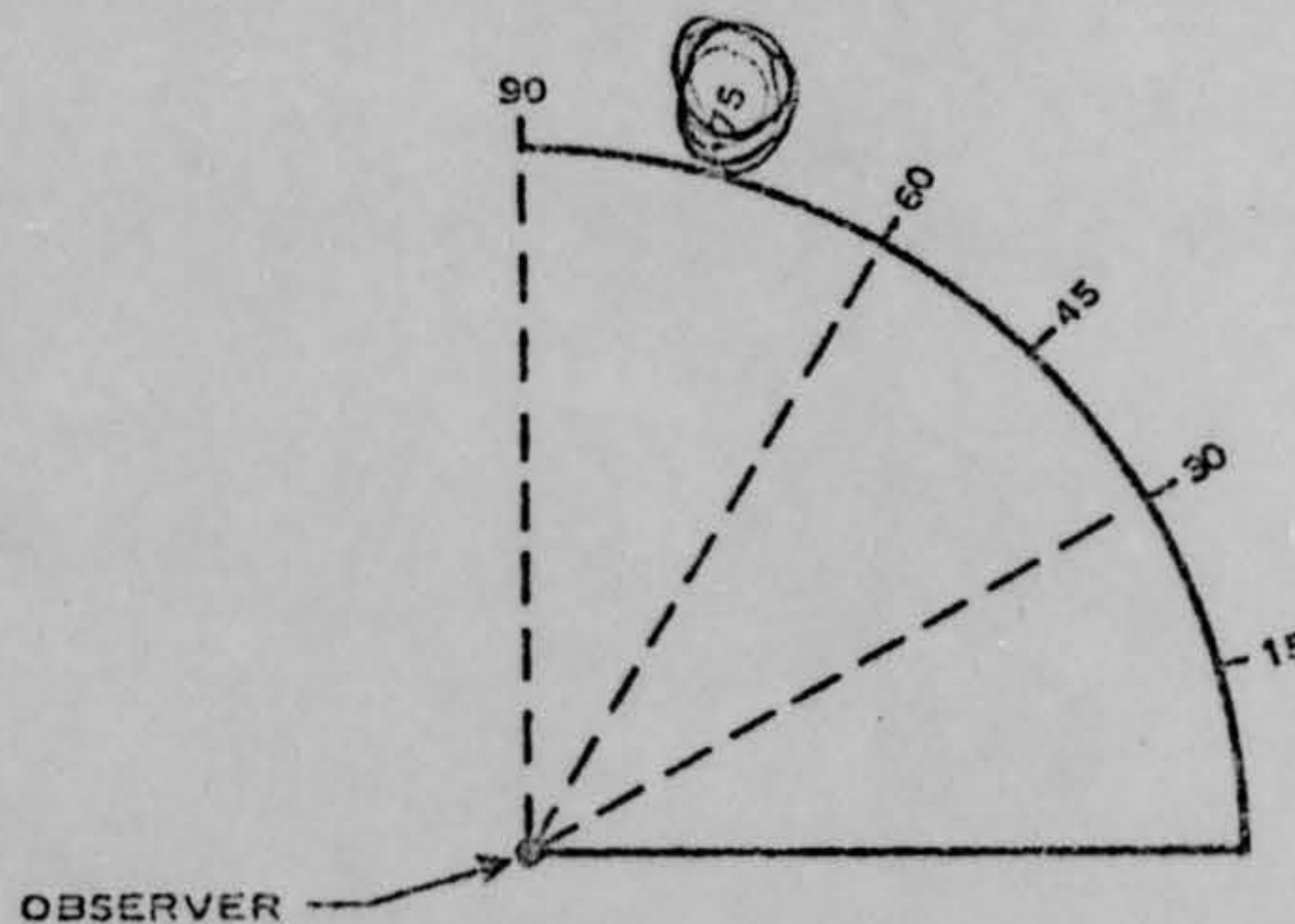
☐ DAYLIGHT SAVINGS☒ STANDARD☐ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.



X  
in porch

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.





*Forwarding*

*6 Nov 67*

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF:

TDPT/UFO

NOV 22 1967

SUBJECT:

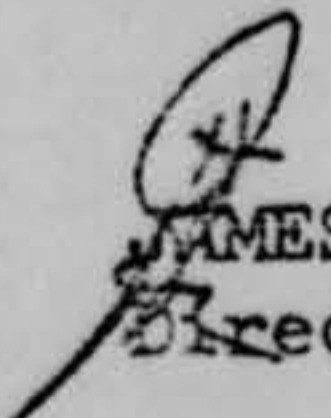
UFO Observation, 6 November 1967

TO:

[REDACTED]

Oakwood, Ohio 45073

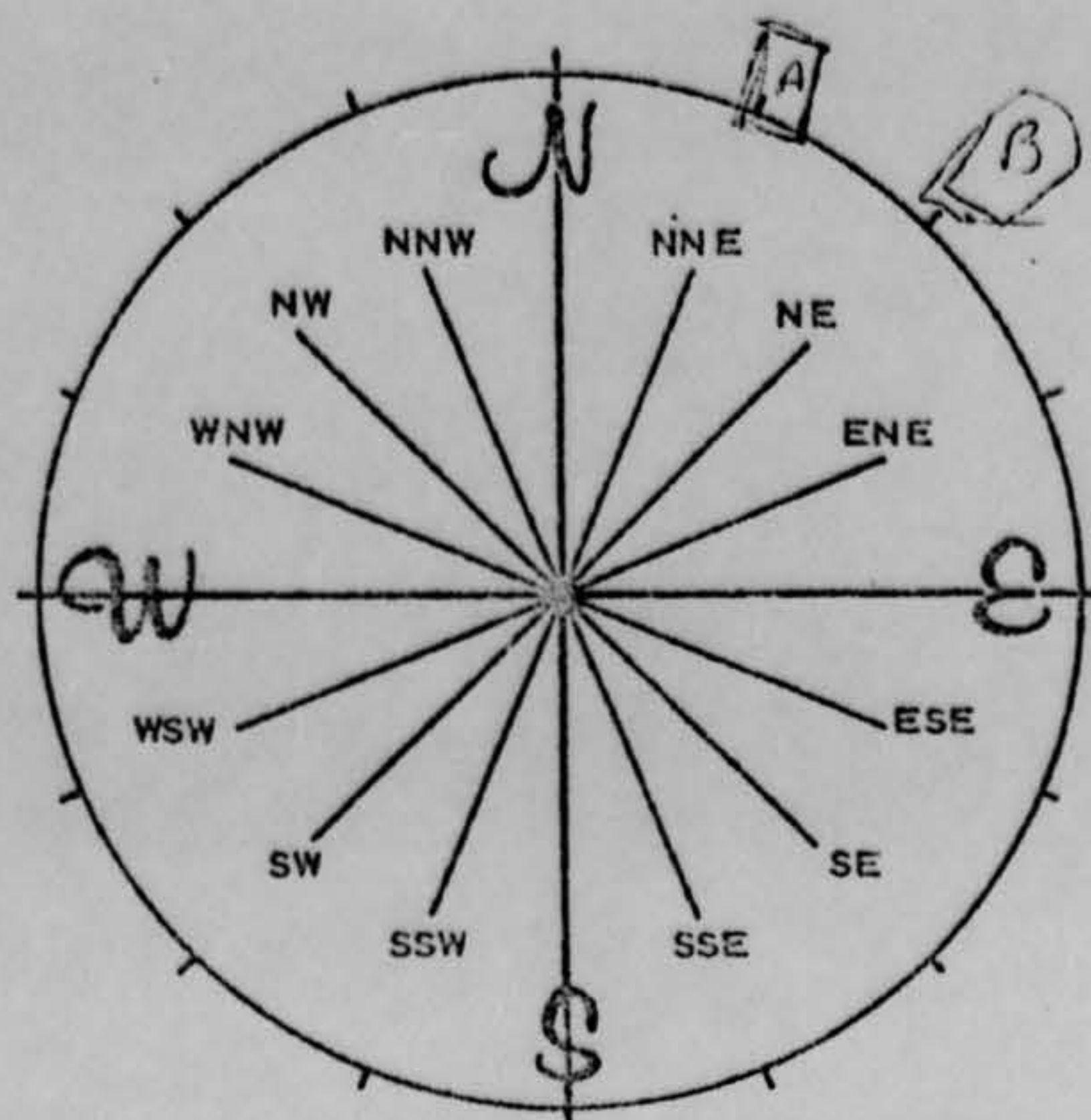
Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

  
JAMES C. MANATT, Colonel, USAF  
Director of Production

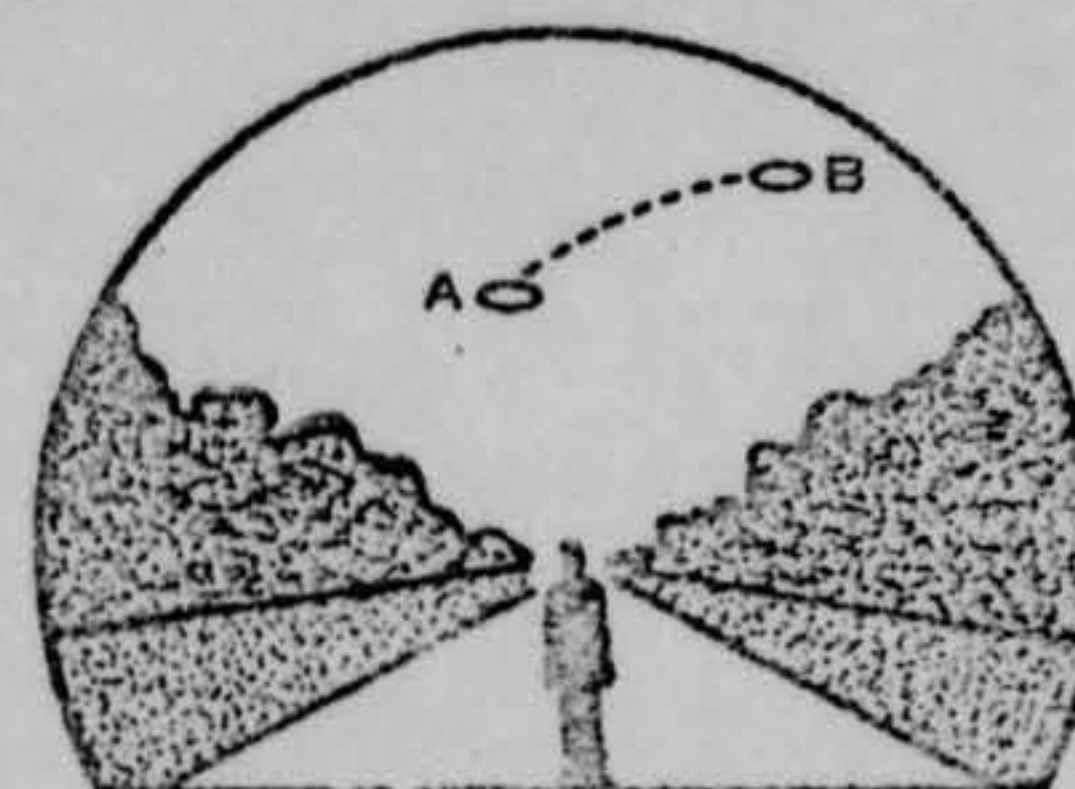
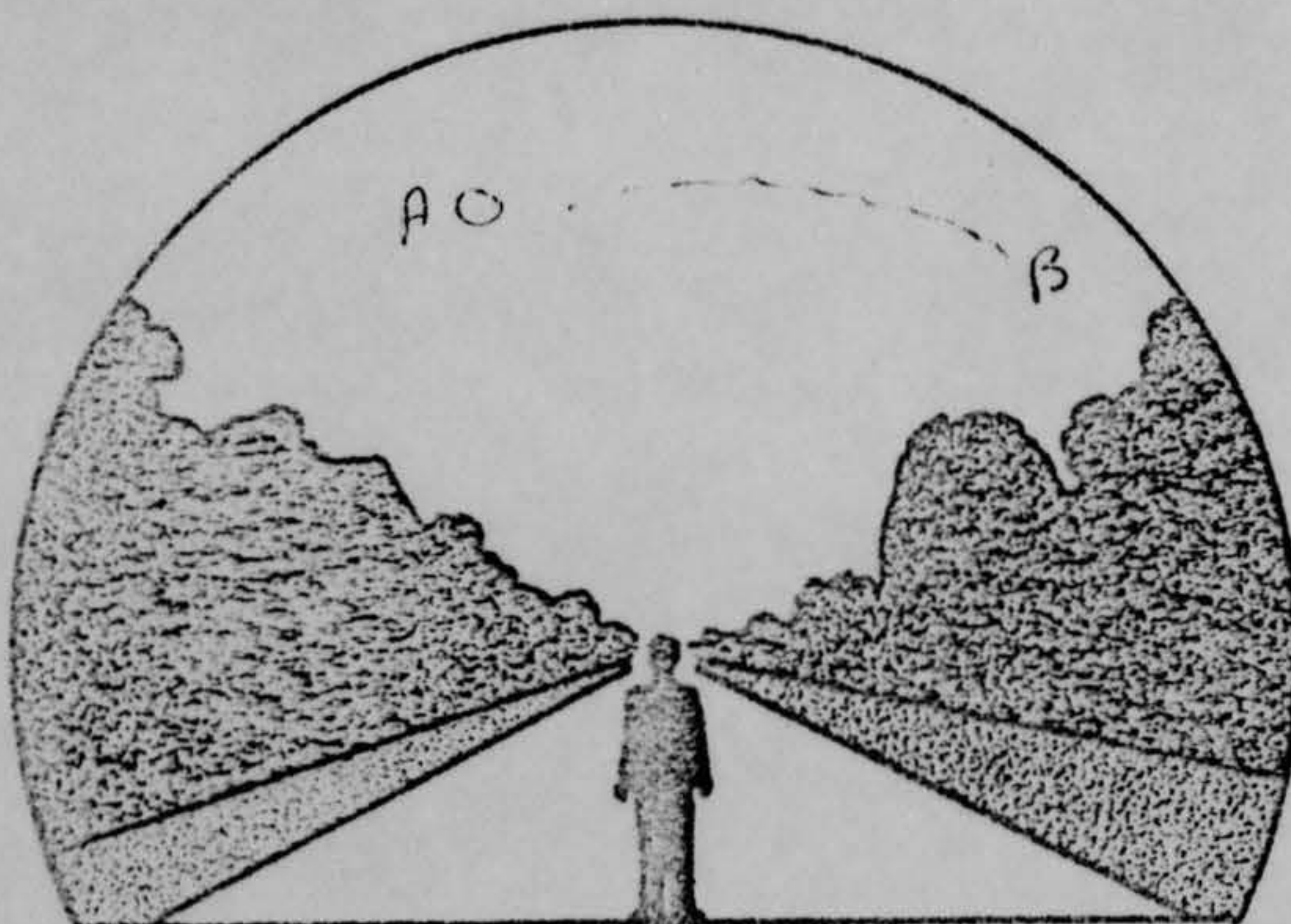
1 Atch  
AF Form 117



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/>	OUTDOORS		IN BUSINESS SECTION OF CITY
	IN BUILDING	<input checked="" type="checkbox"/>	IN RESIDENTIAL SECTION OF CITY
	IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER		IN OPEN COUNTRYSIDE
	IN BOAT		NEAR AIRFIELD
	IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		FLYING OVER CITY
	OTHER		FLYING OVER OPEN COUNTRY
			OTHER

A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?  <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>	
SOUTH	WEST		
NORTHEAST	SOUTHEAST		
NORTHWEST	SOUTHWEST		

EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.

DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.

HOW MUCH OTHER TRAFFIC WAS THERE?

DID YOU NOTICE ANY AIRPLANES? ☐ YES ☒ NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.

9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME		CERTAIN OF TIME	NOT VERY SURE
about 5 minutes	<input checked="" type="checkbox"/>	FAIRLY CERTAIN	JUST A GUESS

HOW WAS TIME DETERMINED?

WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? ☐ YES ☒ NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.

It would disappear between clouds at times at when it disappeared for good it was because of clouds



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/> DAY		<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT		<input checked="" type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input type="checkbox"/> CLEAR		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> HAIL
<input checked="" type="checkbox"/> PARTLY CLOUDY			<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST		<input type="checkbox"/> HAZE OR SMOG	<input type="checkbox"/> UNKNOWN
			<input checked="" type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
<input type="checkbox"/> NONE	<input type="checkbox"/> BRIGHT MOONLIGHT
<input checked="" type="checkbox"/> A FEW	<input type="checkbox"/> MOON WITH HALO
<input type="checkbox"/> MANY	<input checked="" type="checkbox"/> MOON HIDDEN BY CLOUDS
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PARTIAL (New or quarter)

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

*It was glowing*

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

*It was oval shaped and was bright in the center and the edges were blurred in. At times it was brighter than other times.*



13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	✓		
	STAND STILL AT ANYTIME?		✓	
	SUDDENLY SPEED UP AND RUN AWAY?		✓	
	BREAK UP IN PARTS AND EXPLODE?			✓
	CHANGE COLOR?	✓	✓	
	GIVE OFF SMOKE?		✓	
	CHANGE BRIGHTNESS?	✓		
	CHANGE SHAPE?		✓	
	FLASH OR FLICKER?		✓	
	DISAPPEAR AND REAPPEAR?	✓		
	SPIN LIKE A TOP?			✓
	MAKE A NOISE?		✓	
	FLUTTER OR WOBBLE?		✓	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

A friend who had spotted it when I went in the answer the telephone.

A. HOW DID IT FINALLY DISAPPEAR?

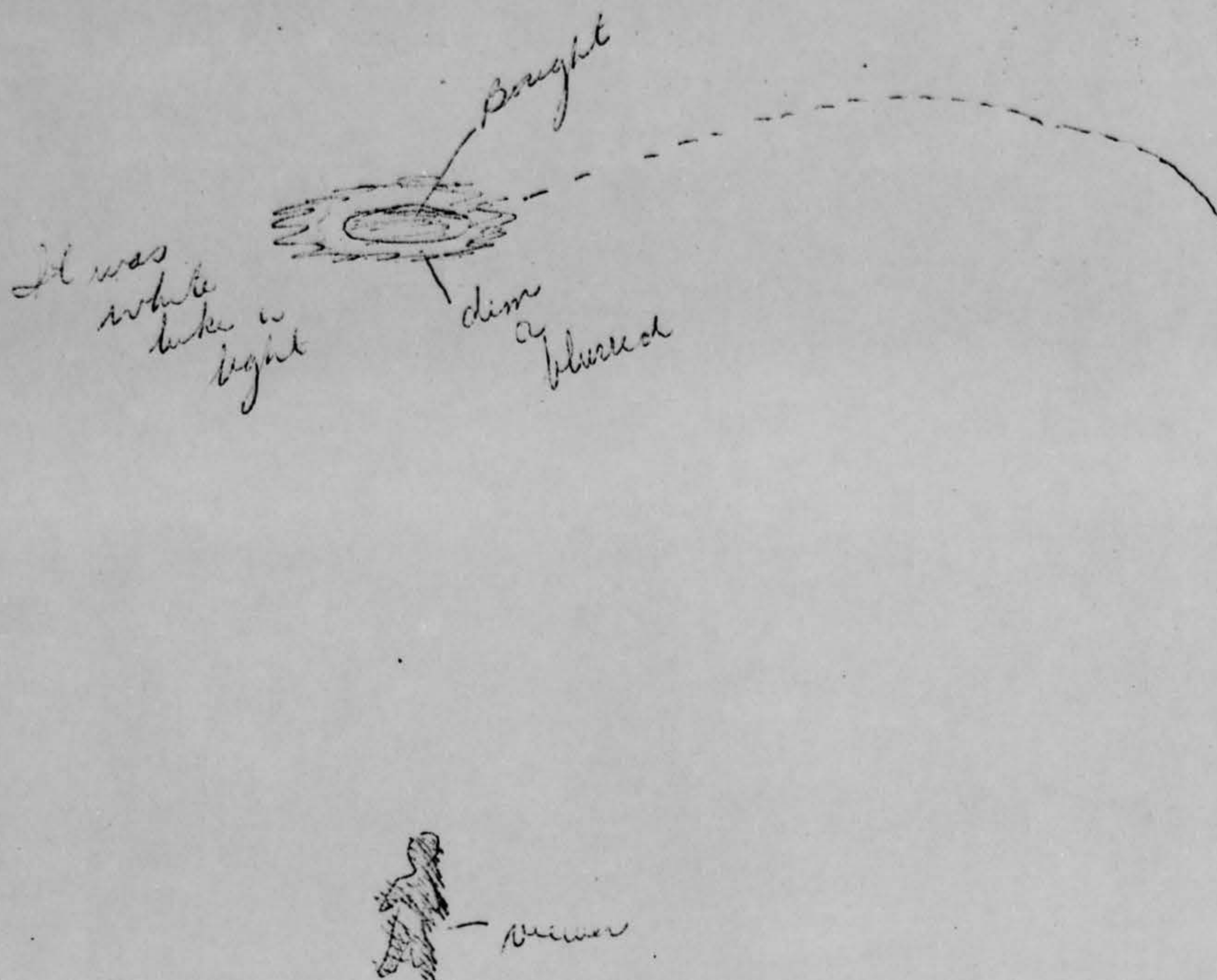
Yes, after it went very far north it would disappear and reappear then it was gone. It did not come down, so it must have went behind clouds.

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☒ YES ☐ NO. IF "YES," DESCRIBE.

It would move regularly and was hidden behind clouds at times.



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

It looked like  
it may have been  
an inch in length  
and  $\frac{1}{2}$  inch in width



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 100 mph.

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE \_\_\_\_\_.

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

*Well it just looked like  
a bright light only it  
was shaped like an oval*

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?  
☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

*Mr. [REDACTED]*  
*Grafton Ave*

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

AGE

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

*Student*

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME *none see Capt. [REDACTED]* DAY *23* MONTH *Nov* YEAR *1967*

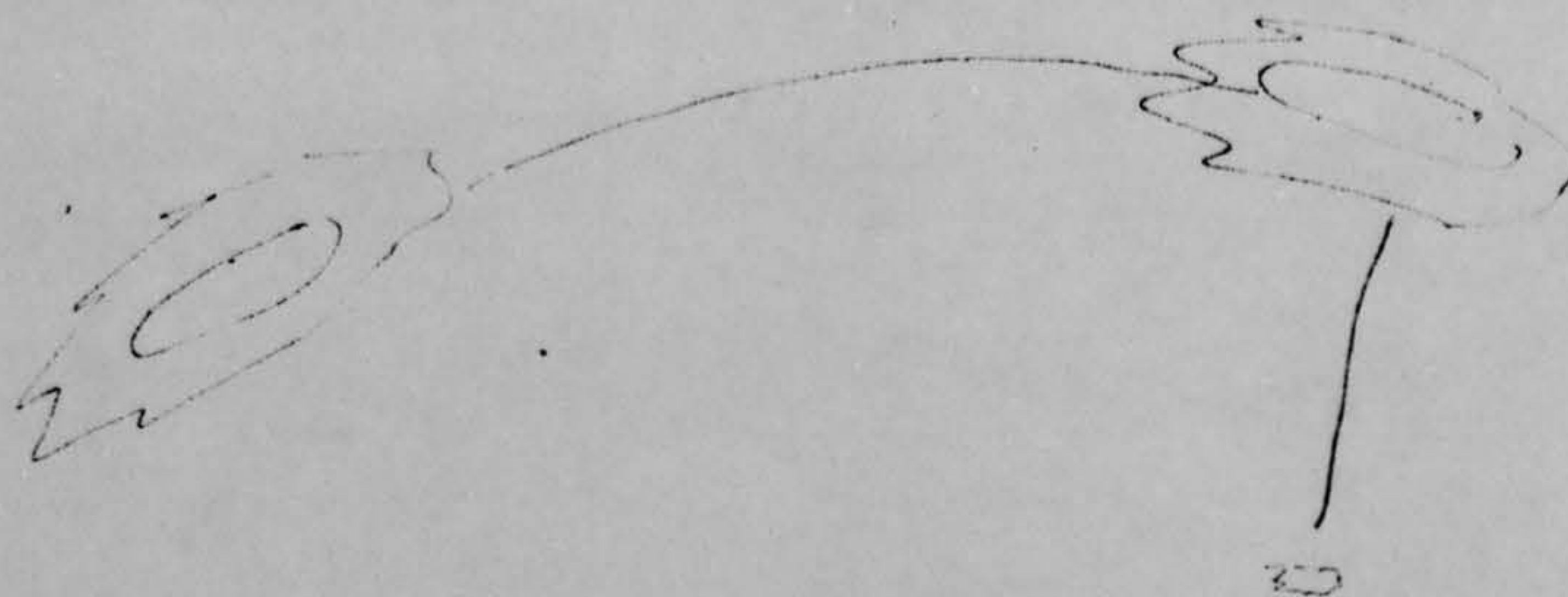
26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY *28* MONTH *Nov* YEAR *1967*



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

when it went  
away for north  
it seemed to drop  
something. It glowed  
like a piece of burning  
metal





# SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 23 MONTH Nov YEAR 1967

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 2135 MINUTES - ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 2139 MINUTES - ☐ A.M. ☒ P.M.

4. TIME/ZONE

☐ DAYLIGHT SAVINGS

☐ STANDARD

☒ EASTERN

☐ CENTRAL

☐ MOUNTAIN

☐ PACIFIC

☐ OTHER

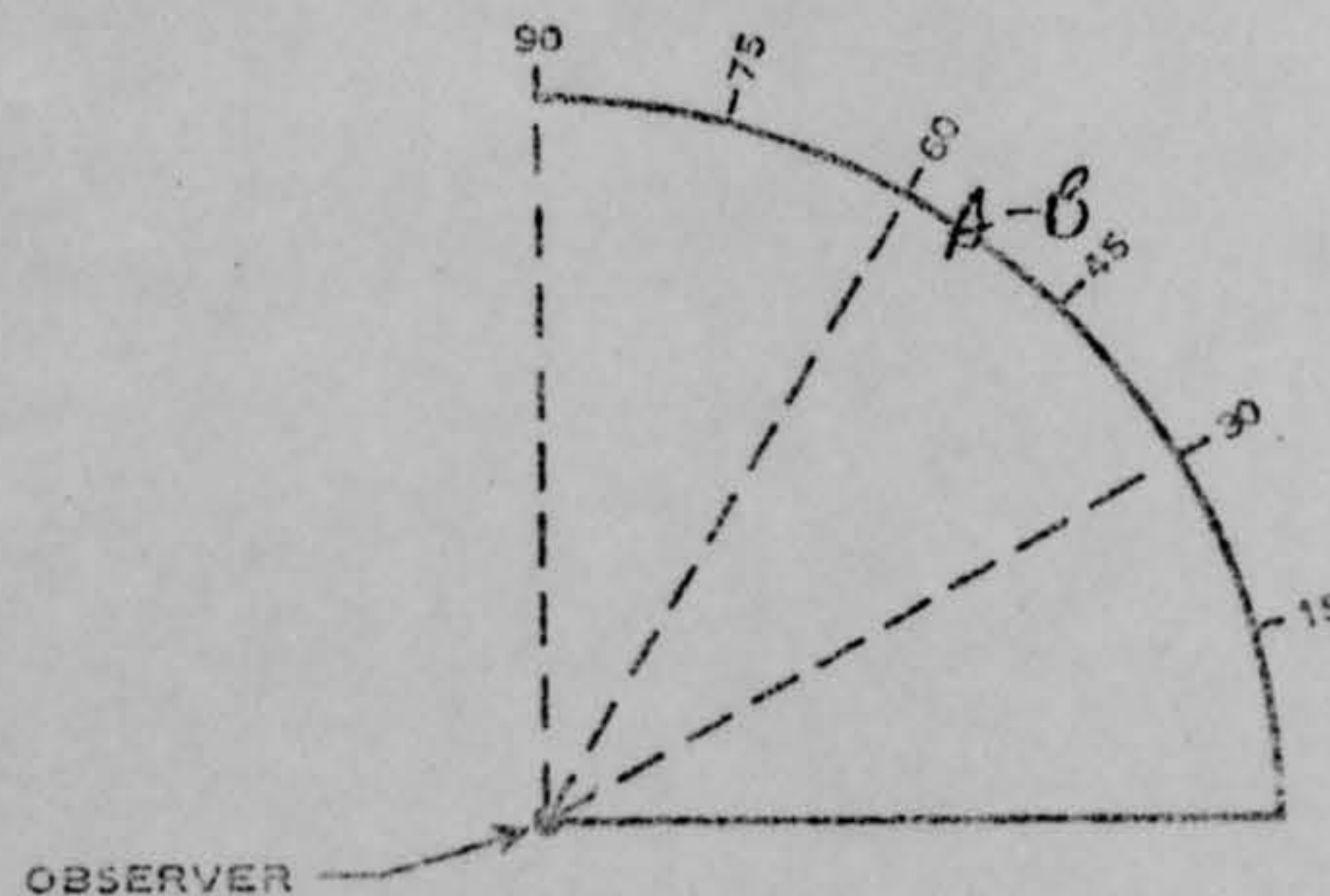
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

[REDACTED] AVE.



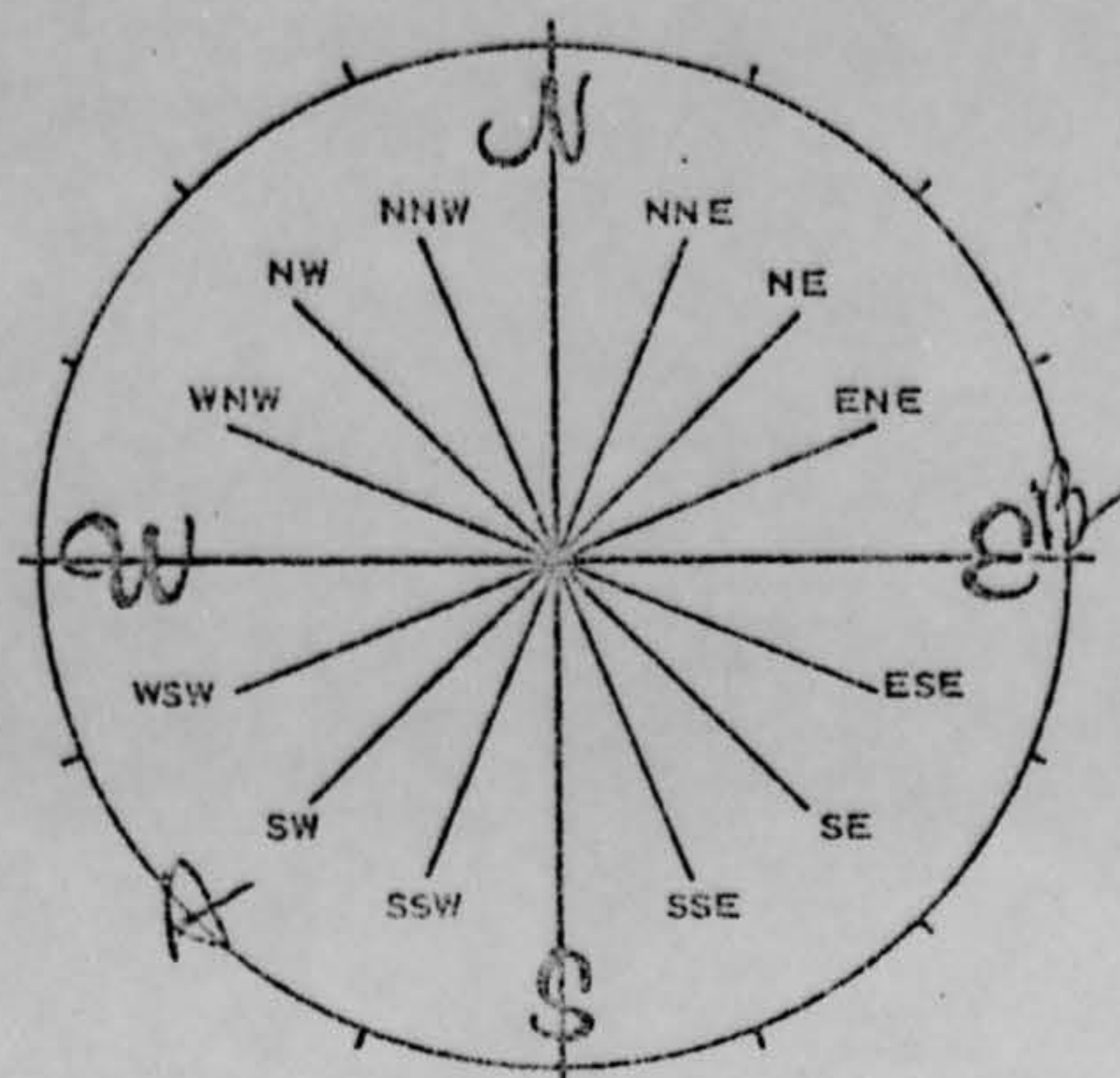
N  
A

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

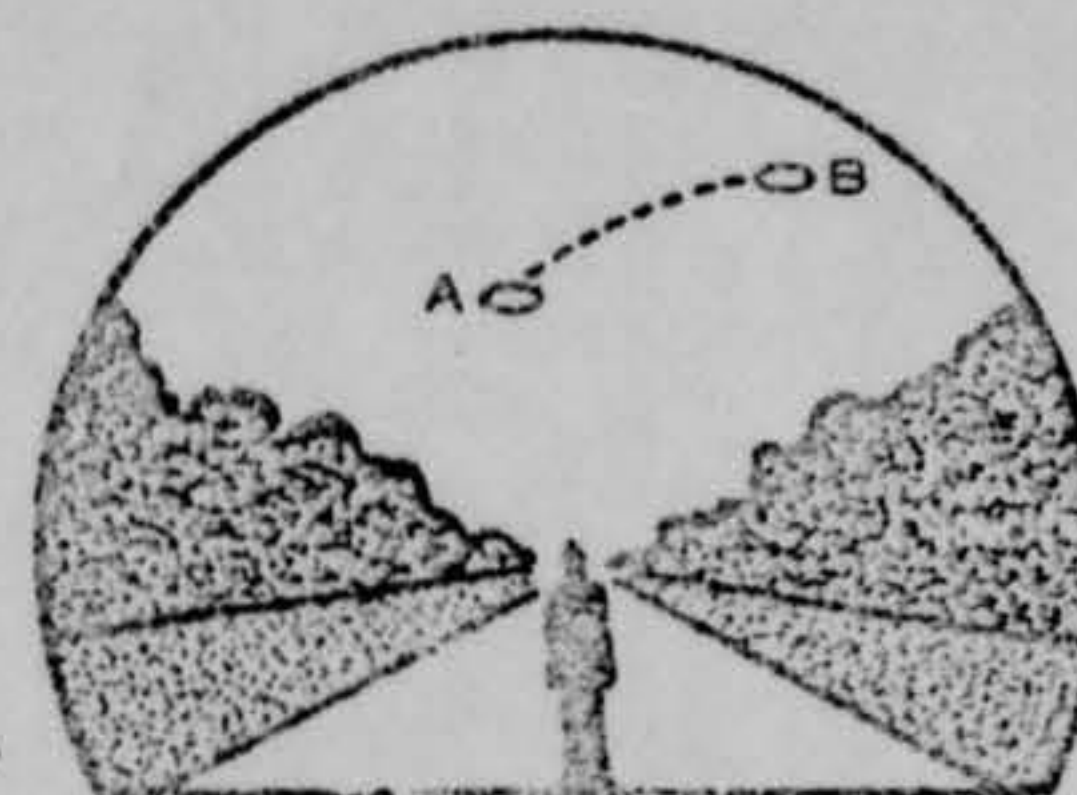
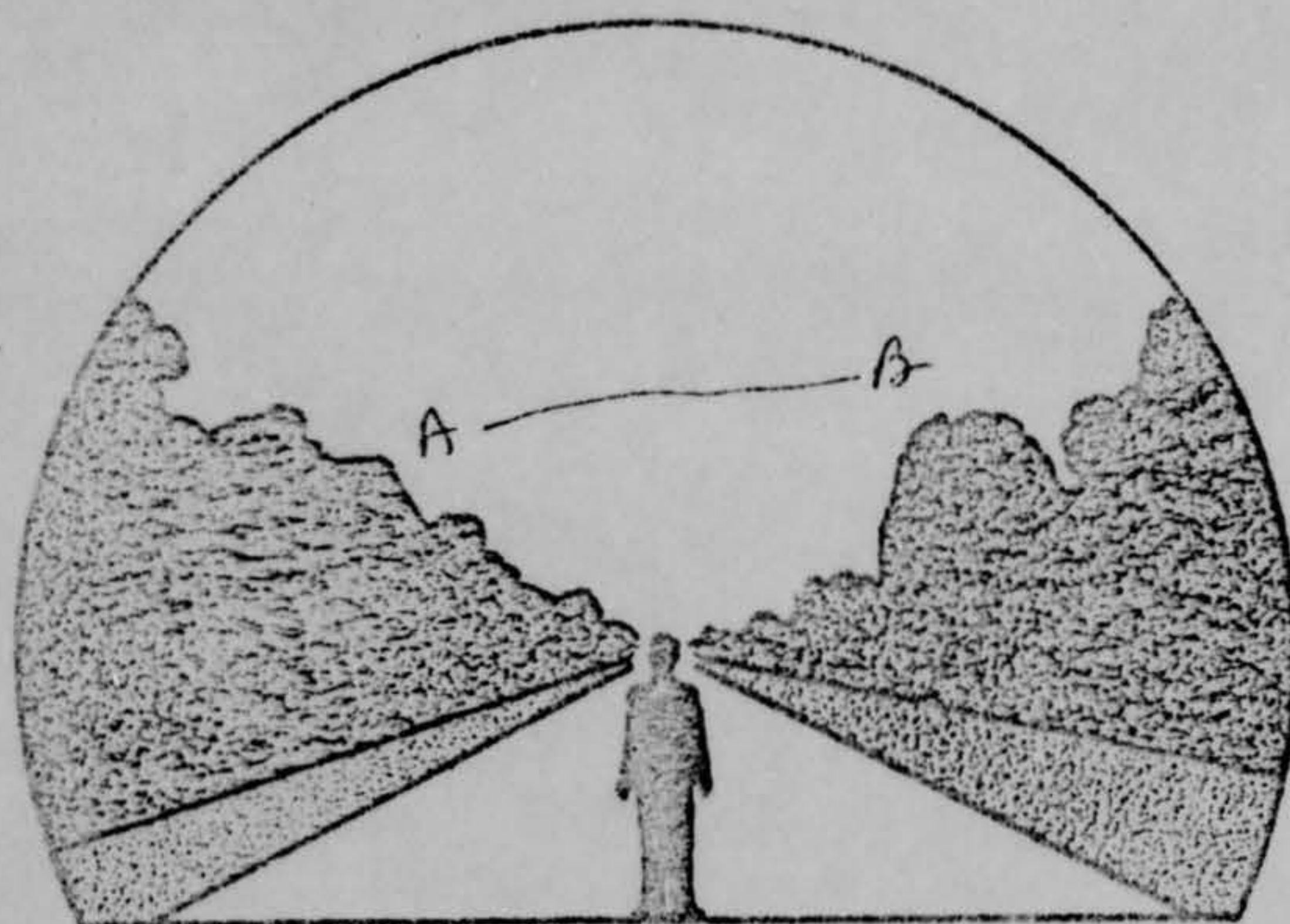




5A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





6 Nov 167

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF:

TDPT/UFO

NOV 22 1967

SUBJECT:

UFO Observation, 6 November 1967

TO:

[REDACTED]  
[REDACTED]  
Oakwood, Ohio 45873

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

*James C. Manatt*  
JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117



<b>8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)</b>			
<input checked="" type="checkbox"/> OUTDOORS <input type="checkbox"/> IN BUILDING <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER <input type="checkbox"/> IN BOAT <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER <input type="checkbox"/> OTHER	<input type="checkbox"/> IN BUSINESS SECTION OF CITY <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY <input type="checkbox"/> IN OPEN COUNTRYSIDE <input type="checkbox"/> NEAR AIRFIELD <input type="checkbox"/> FLYING OVER CITY <input type="checkbox"/> FLYING OVER OPEN COUNTRY <input type="checkbox"/> OTHER		
<b>A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:</b>			
<b>WHAT DIRECTION WERE YOU MOVING?</b>		<b>HOW FAST WERE YOU MOVING?</b>	
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?  <div style="text-align: right;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </div>	
SOUTH	WEST		
NORTHEAST	SOUTHEAST		
NORTHWEST	SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
<b>9. HOW LONG WAS THE PHENOMENON IN SIGHT?</b>			
LENGTH OF TIME <i>4 min</i>	<input checked="" type="checkbox"/> CERTAIN OF TIME <input type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> NOT VERY SURE <input type="checkbox"/> JUST A GUESS	
HOW WAS TIME DETERMINED? <i>est.</i>			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

1

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/> DAY		<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT		<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT			<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input type="checkbox"/> CLEAR		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> HAIL
<input checked="" type="checkbox"/> PARTLY CLOUDY		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST			<input type="checkbox"/> UNKNOWN
		<input type="checkbox"/> HAZE OR SMOG	<input type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> BRIGHT MOONLIGHT
<input type="checkbox"/> A FEW	<input type="checkbox"/> MOON WITH HALO
<input type="checkbox"/> MANY	<input type="checkbox"/> MOON HIDDEN BY CLOUDS
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PARTIAL (New or quarter)


D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

*Phenomenon*

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

 *oblong like spool of thread yellow-amber color with red light moving in direction of travel.*



13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	✓		
	STAND STILL AT ANYTIME?		X	
	SUDDENLY SPEED UP AND RUN AWAY?		X	
	BREAK UP IN PARTS AND EXPLODE?	X		
	CHANGE COLOR?		X	
	GIVE OFF SMOKE?		X	
	CHANGE BRIGHTNESS?		X	
	CHANGE SHAPE?		X	
	FLASH OR FLICKER?		X	
	DISAPPEAR AND REAPPEAR?		X	
	SPIN LIKE A TOP?		X	
	MAKE A NOISE?		X	
	FLUTTER OR WOBBLE?		X	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*Movement of object*

A. HOW DID IT FINALLY DISAPPEAR?

*disappeared out of sight, spark or something fell as it disappeared.*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☒ YES ☐ NO. IF "YES," DESCRIBE.

*moved behind thin clouds but remained in sight at all times until disappearance.*



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

*match would have covered object*



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGLASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☐ YES ☐ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 1000 est.

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 1 mile

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

*Small spool of thread*

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED]  
[REDACTED]  
(Sighted approx. 1 min)

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

AGE

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

Delco - MORTINE, pressman

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME SSgt A.J. Browning DAY 23 MONTH Nov YEAR 1967

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 23 MONTH Nov YEAR 1967



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE,  
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

*None.*



*23 Nov 67*  
*Dayton, Ohio*

*Pending*

TDPTR  
Lt. Col. Smith

Request wind velocity and direction for  
Dayton, Ohio 23 November 1967 at 2100 hrs.  
local. Surface, 6,000, 10,000, 16,000, and  
20,000.

TDPT (UFO)

5 Dec 67

70196



23 November 67

TDPT (UFO) Maj Quintanilla/70916/mhs/24 Nov 67

NOV 24 1967

UFO Observation, 23 November 1967

Mr. [REDACTED]

Dayton, Ohio 45405

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. The information we received indicated that you may have also obtained photographs of the UFO. If you were a witness and did obtain photographs of an unidentified flying object on 23 November 1967, would you please complete the attached photographic data sheet and AF Form 117 and return them with your original negatives. Original negatives are necessary to perform a scientific investigation. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation and upon completion of analysis we will return your negatives along with our findings. Thank you for your assistance in this matter.

④  
ECTOR QUINTANILLA, Jr, Major, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

2 Atchs

1. AF Form 117 w/envelope
2. Photographic Data Sheet

TDPT (UFO) OFFICIAL FILE CY



23 Nov '67

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF:

TDPT/UFO

NOV 24 1967


SUBJECT:

UFO Observation, 23 November 1967

TO:

Mr. & Mrs. [REDACTED]  
[REDACTED]  
Dayton, Ohio 45406

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on **23 November 1967** would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

 JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117



UFO REPORTED: Captain Don Porter, Oakwood Police Dept.,  
called at approx. 1930 hours 6 Nov 67 to report the  
sighting of an unidentified object by two Oakwood boys.

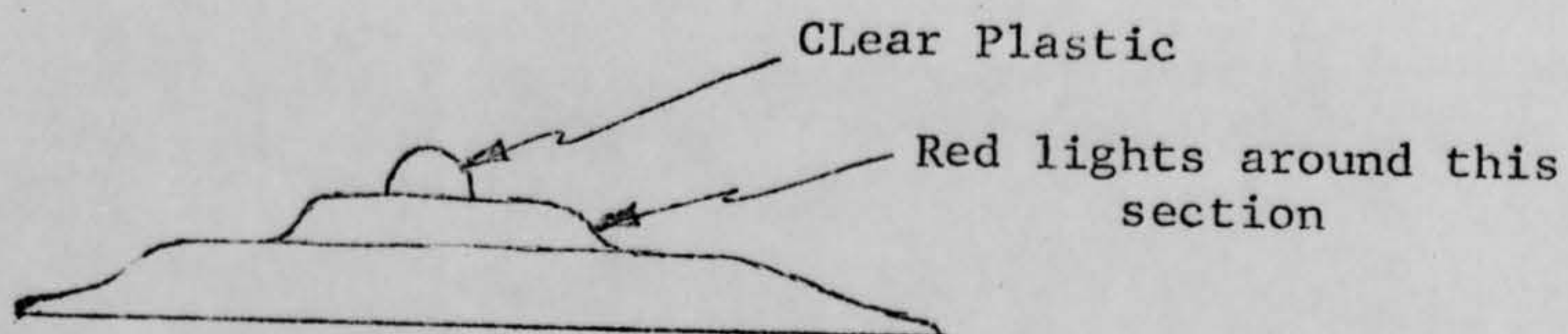
[REDACTED] (12 yrs old)

Tel: [REDACTED]

[REDACTED] (11 yrs old)

Tel: [REDACTED]

Capt Porter stated that the boys were very sincere  
when they described the following object



Object was circular.

Boys were not contacted. All above info. received from  
Capt. PORTER.



23 Nov 67

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF:

TDPT/UFO

SUBJECT:


UFO Observation, 23 November 1967

NOV 24 1967

TO:

[REDACTED]  
Dayton, Ohio 45406

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on **23 November 1967** would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

 JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117



23 Nov 67

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF:

TDPT/UFO

NOV 24 1967


SUBJECT:

UFO Observation, 23 November 1967

TO:

[REDACTED]  
Dayton, Ohio 45406

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

 JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117



23 Nov 67

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF: TDPT/UFO

SUBJECT: UFO Observation, 23 November 1967

NOV 24 1967

TO: Mr. & Mrs. [REDACTED]  
Dayton, Ohio 45406

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 23 November 1967 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF: TDPT/UFO

SUBJECT: UFO Observation, 23 November 1967

NOV 24 1967

TO: Mr. & Mrs. [REDACTED]  
Dayton, Ohio 45406

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 23 November 1967 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

*J. Quintanilla, Jr. Maj.*  
JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117

*I really did not see it.  
My son in law was here and he  
saw it. ([REDACTED])*

*Mrs. [REDACTED]*



23 Nov 67

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF:

TDPT/UFO

NOV 24 1967

SUBJECT:

UFO Observation, 23 November 1967

TO:

Mr. & Mrs. [REDACTED]

Dayton, Ohio 45406

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 23 November 1967 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

*James C. Manatt*  
JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

Thursday, 23<sup>rd</sup> DAY MONTH Nov. YEAR 1967

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

Approximately HOUR 9 MINUTES 15 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

Approximately HOUR 9 MINUTES 30 ☐ A.M. ☒ P.M.

4. TIME/ZONE

☐ DAYLIGHTSAVINGS☐ STANDARD☐ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

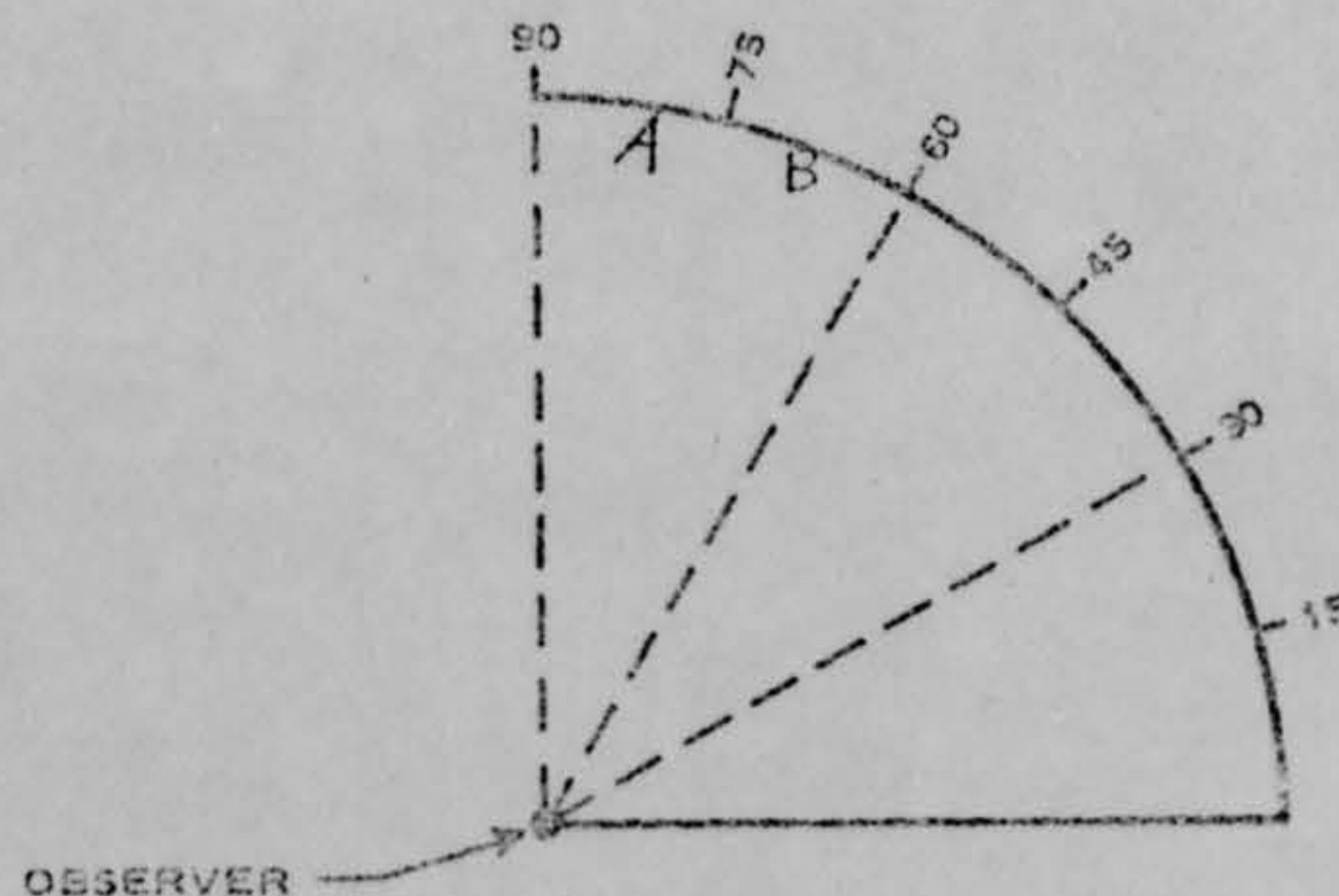
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

In front of the house at [REDACTED] Dayton, O.

333

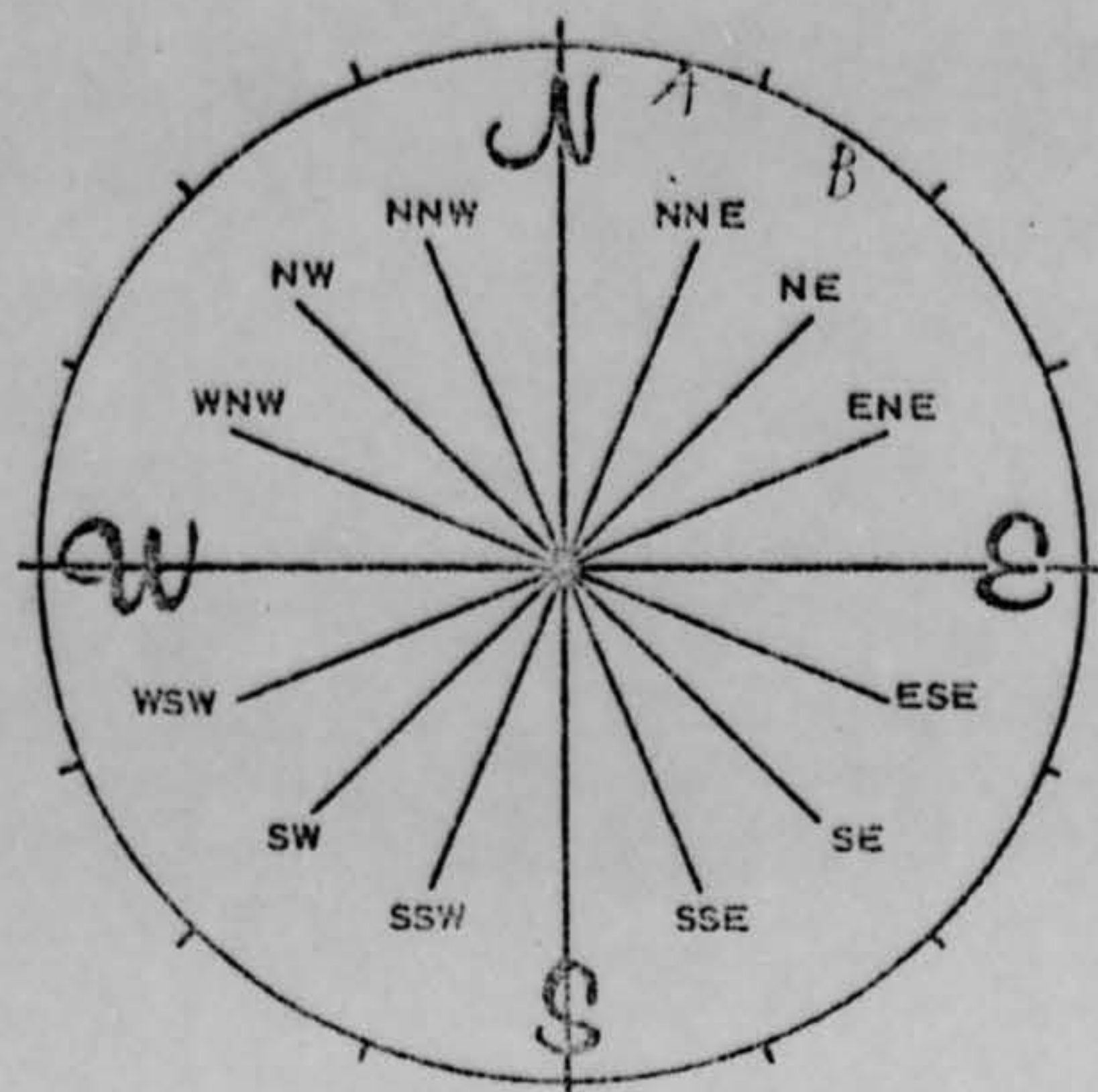
X

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

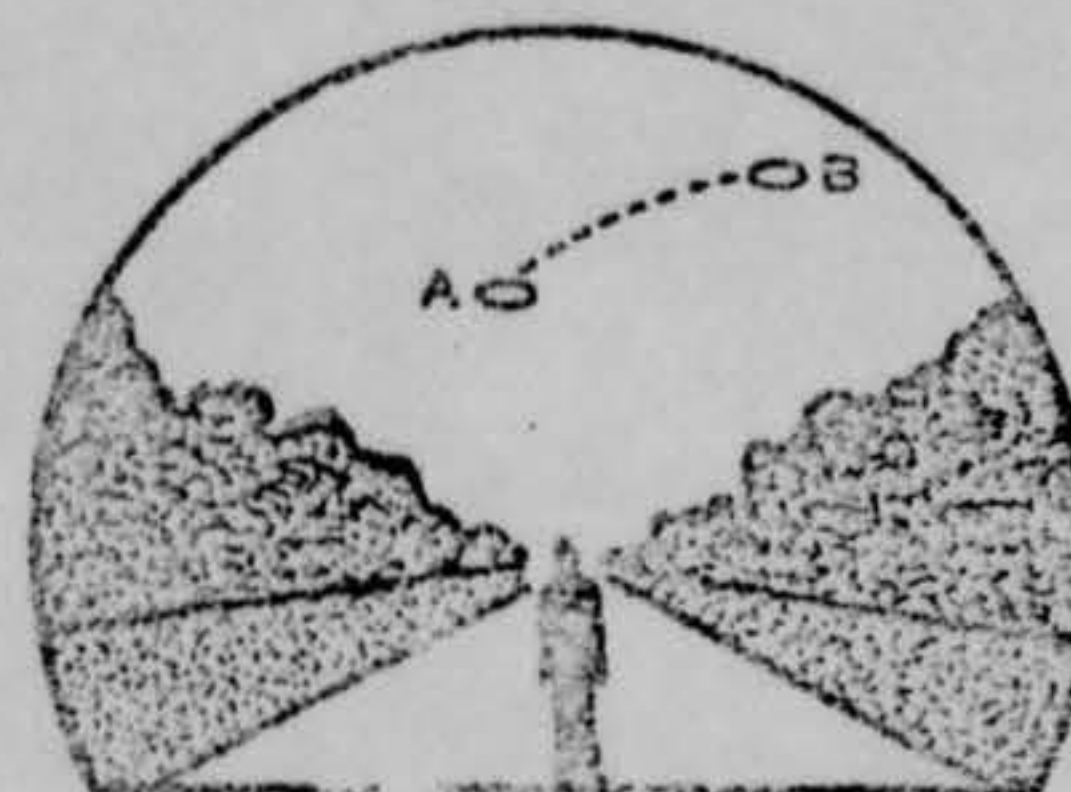
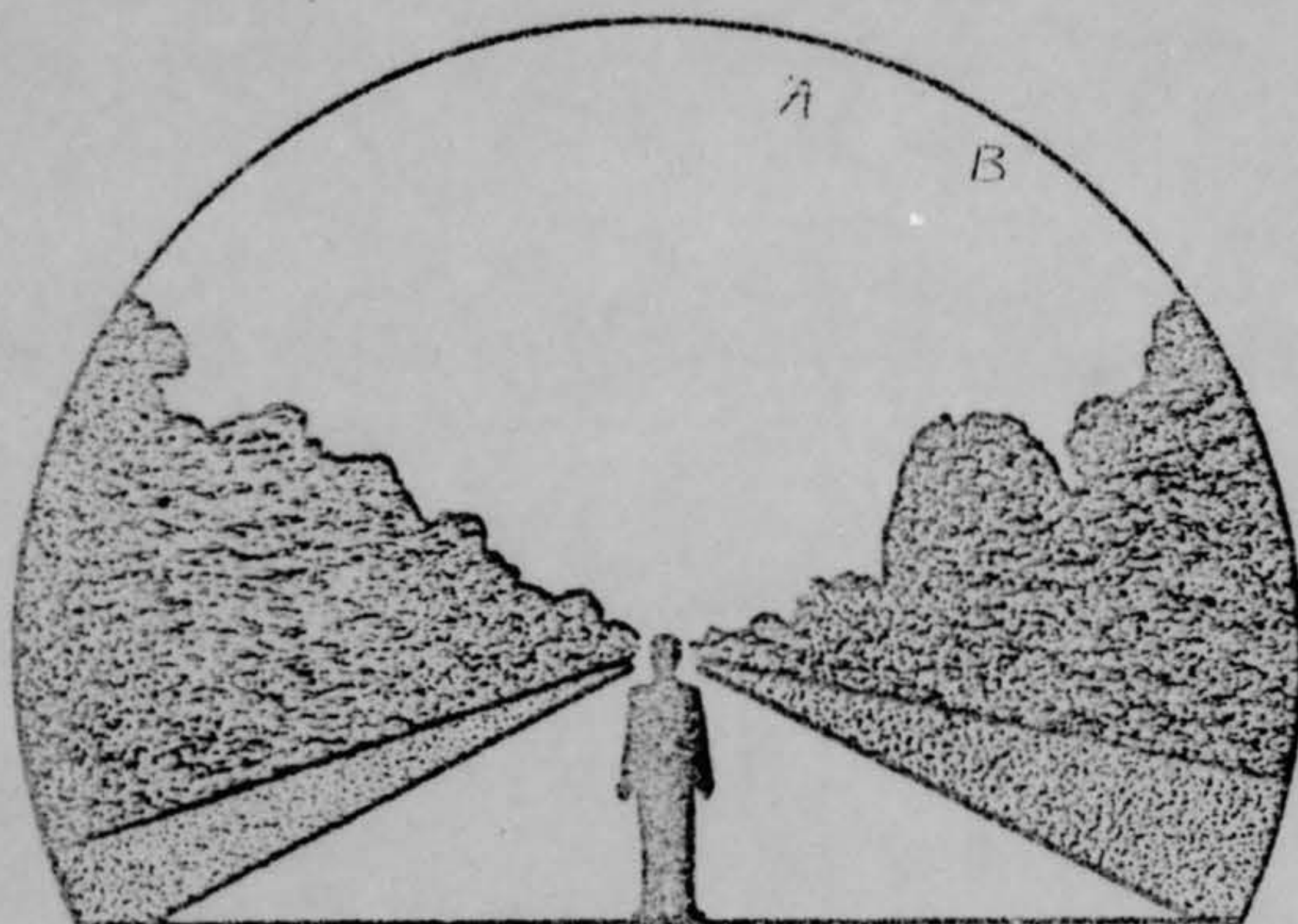




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/>	OUTDOORS		IN BUSINESS SECTION OF CITY
	IN BUILDING	<input checked="" type="checkbox"/>	IN RESIDENTIAL SECTION OF CITY
	IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER		IN OPEN COUNTRYSIDE
	IN BOAT		NEAR AIRFIELD
	IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		FLYING OVER CITY
	OTHER		FLYING OVER OPEN COUNTRY
			OTHER
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
<input type="checkbox"/> NORTH	<input type="checkbox"/> EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> SOUTH	<input type="checkbox"/> WEST		
<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> SOUTHEAST		
<input type="checkbox"/> NORTHWEST	<input type="checkbox"/> SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME		<input checked="" type="checkbox"/>	CERTAIN OF TIME
<i>Approximately 15 minutes</i>		<input type="checkbox"/>	NOT VERY SURE
		<input type="checkbox"/>	FAIRLY CERTAIN
		<input type="checkbox"/>	JUST A GUESS
HOW WAS TIME DETERMINED?			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/> DAY		<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT		<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herringbone)	<input type="checkbox"/> HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT			<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input type="checkbox"/> CLEAR		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> HAIL
<input type="checkbox"/> PARTLY CLOUDY		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST			<input type="checkbox"/> UNKNOWN
		<input type="checkbox"/> HAZE OR SMOG	<input checked="" type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
<input type="checkbox"/> NONE	<input type="checkbox"/> BRIGHT MOONLIGHT
<input type="checkbox"/> A FEW	<input type="checkbox"/> MOON WITH HALO
<input type="checkbox"/> MANY	<input type="checkbox"/> MOON HIDDEN BY CLOUDS
<input checked="" type="checkbox"/> UNKNOWN	<input type="checkbox"/> PARTIAL (New or quarter)

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

*Street lamp*

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

*There was a very bright white light which seemed to be reflected off some surface above it. Unable to discern any shape, size, etc. due to darkness surrounding same.*



13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?		X	
	STAND STILL AT ANYTIME?		X	
	SUDDENLY SPEED UP AND RUN AWAY?		X	
	BREAK UP IN PARTS AND EXPLODE?		X	
	CHANGE COLOR?		X	
	GIVE OFF SMOKE?			X
	CHANGE BRIGHTNESS?		X	
	CHANGE SHAPE?			X
	FLASH OR FLICKER?	X	X	
	DISAPPEAR AND REAPPEAR?		X	
	SPIN LIKE A TOP?			X
	MAKE A NOISE?			X
	FLUTTER OR WOBBLE?			X

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*Another person*

A. HOW DID IT FINALLY DISAPPEAR?

*Unknown*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☐ YES ☒ NO. IF "YES," DESCRIBE.

*Not that I could see, at least.*



# PROJECT 10075 RECORD

1. DATE - TIME GROUP 23 November 67 24/0215Z	2. LOCATION Dayton, Ohio (Multiple)
3. SOURCE Civilian	10. CONCLUSION Very Probable (HOT AIR BALLOON)
4. NUMBER OF OBJECTS One	At 2100 hrs the wind was blowing from 190 deg or approx 180 deg at about 4 knots. This is consistent with the flight path as reported by some observers. The description is just like those of a hot air balloon.
5. LENGTH OF OBSERVATION 4 to 15 minutes	11. BRIEF SUMMARY AND ANALYSIS Air Balloon.
6. TYPE OF OBSERVATION Ground-Visual	Observers sighted a bright luminous object that was described by some as circular and some as like a spool of thread. The object traveled roughly NW. One said the light "appeared to be carried by a balloon or parachute". Before it disappeared it appeared to drop several firey pieces toward the earth. The observation was made by two independent groups.
7. COURSE SW to E	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

*Unknown, due to darkness.*

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

*Unknown, since could not see size.*



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGLASSES		CAMERA VIEWER	
SUNGLASSES		BINOCULARS	
WINDSHIELD		TELESCOPE	
SIDE WINDOW OF VEHICLE		THEODOLITE	
WINDOWPANE		OTHER	

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☒ YES ☐ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED \_\_\_\_\_.

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE \_\_\_\_\_.

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

Due to darkness only <sup>the</sup> light was visible.

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.

*Can't remember, but you sent a form like this one.*

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?

A. LIST THEIR NAMES AND ADDRESSES

*You already have them, and have sent them forms.*

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

*Dayton, Ohio - 45414.*

TELEPHONE (Area code and number)

AGE

*39*

MALE

☒

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

*Housewife*

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

*I did not. My brother-in-law did, that same evening.*

NAME \_\_\_\_\_ DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

26. DATE YOU COMPLETED THIS QUESTIONNAIRE. *Fri.*

DAY *1* MONTH *12* YEAR *67*



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

My husband called us all out to watch the bright light in the sky. It seemed to reflect against an object directly above and perhaps attached to it. Due to the surrounding darkness I could not ascertain what it was. We watched it for about fifteen minutes.



23 Nov 67

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433




REPLY TO  
ATTN OF: TDPT/UFO

SUBJECT: UFO Observation, 23 November 1967

NOV 24 1967

TO: Mrs. [REDACTED]  
Speedway, Indiana 45406

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on **23 November 1967** would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

 JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 23 MONTH 11 YEAR 67

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 15 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 30 ☐ A.M. ☒ P.M.

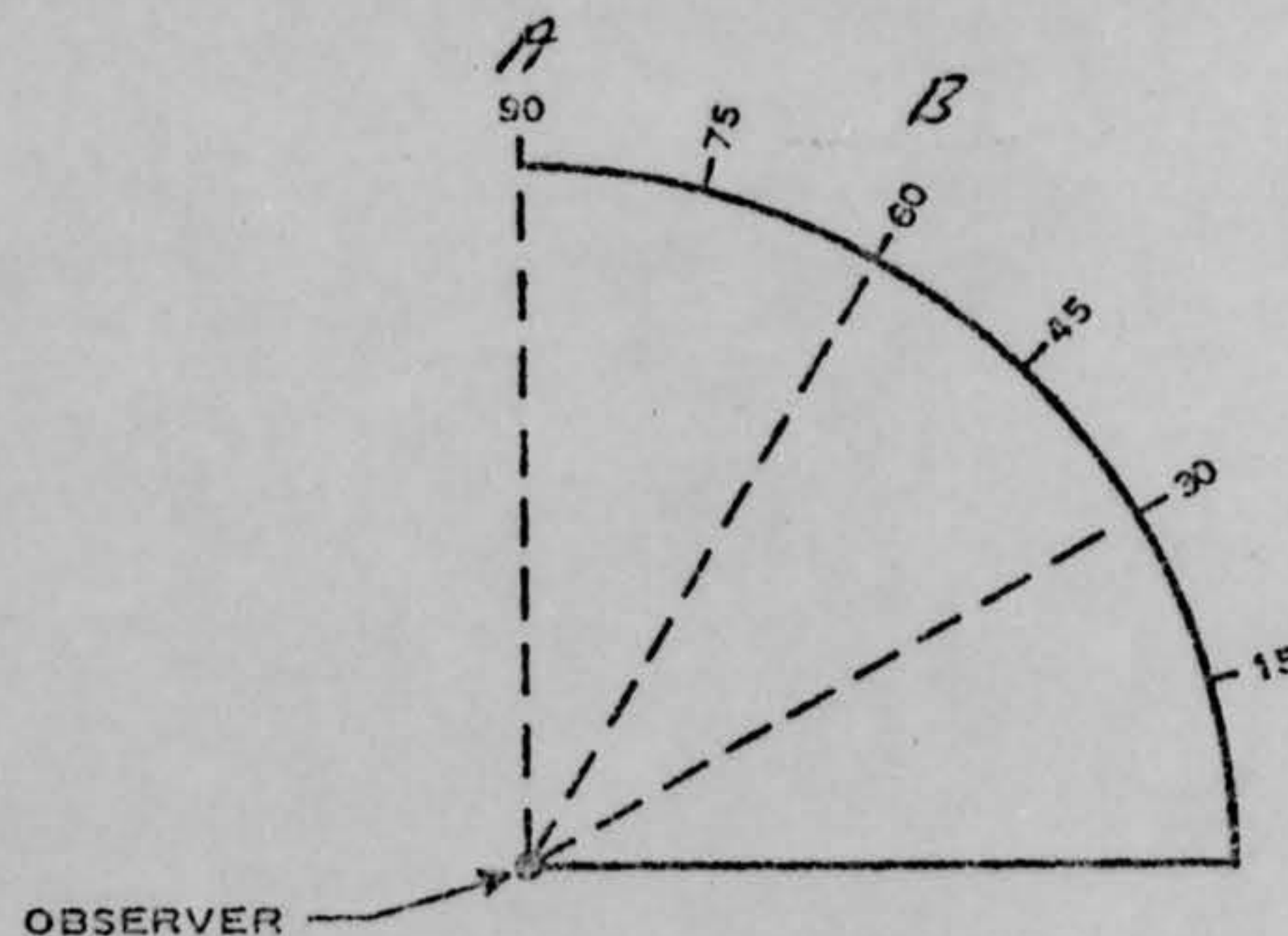
4. TIME/ZONE

☐ DAYLIGHT SAVINGS☐ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

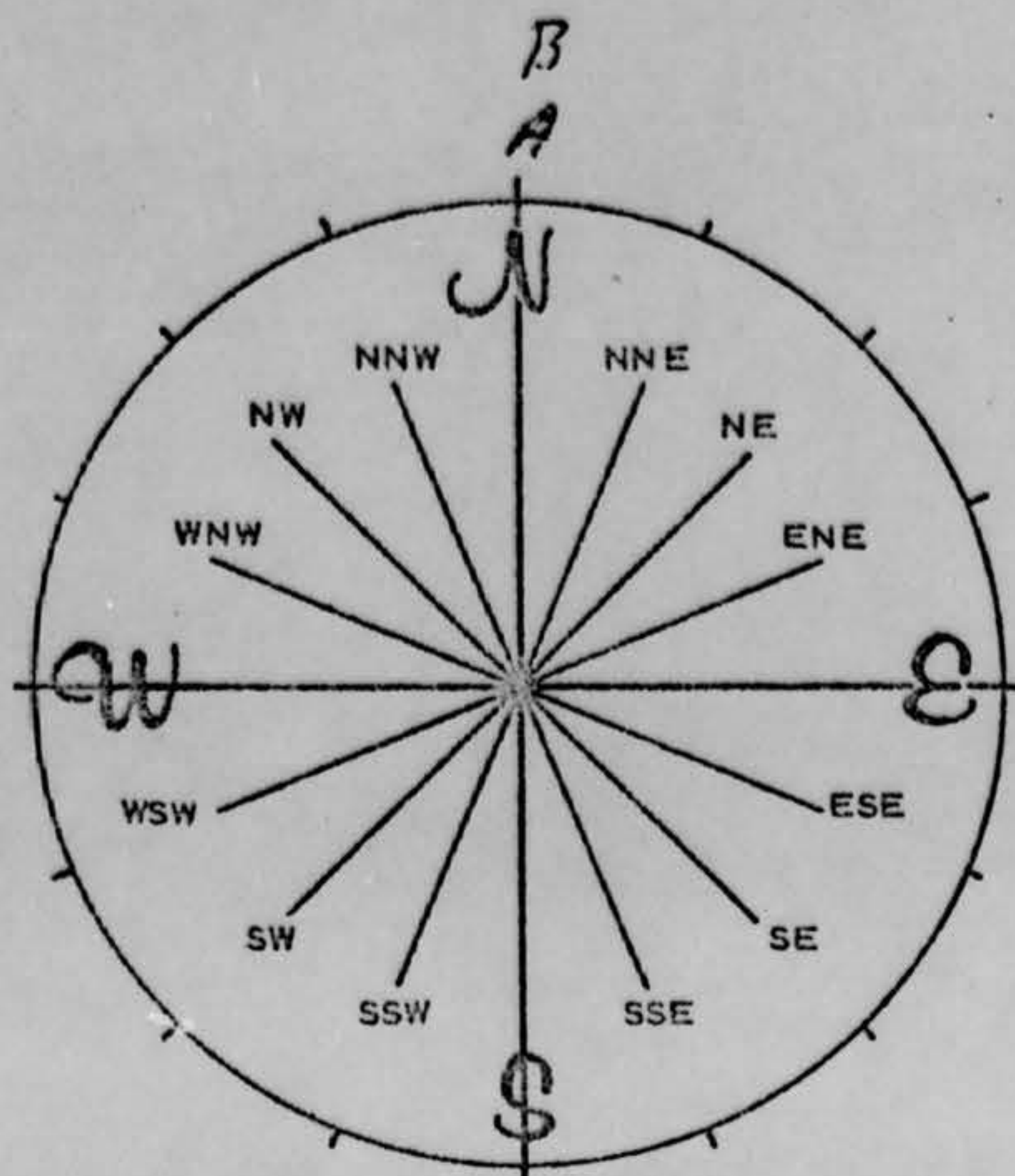
I was leaving ~~Wright-Patterson AFB~~ Dayton Ohio at approximately 9:15 PM when I observed a very bright flashing light almost directly over head. It was like a burning object and not like a light beam from a bulb. It was also either attached to either a balloon or a parachute which was slightly visible as the light flickered.

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

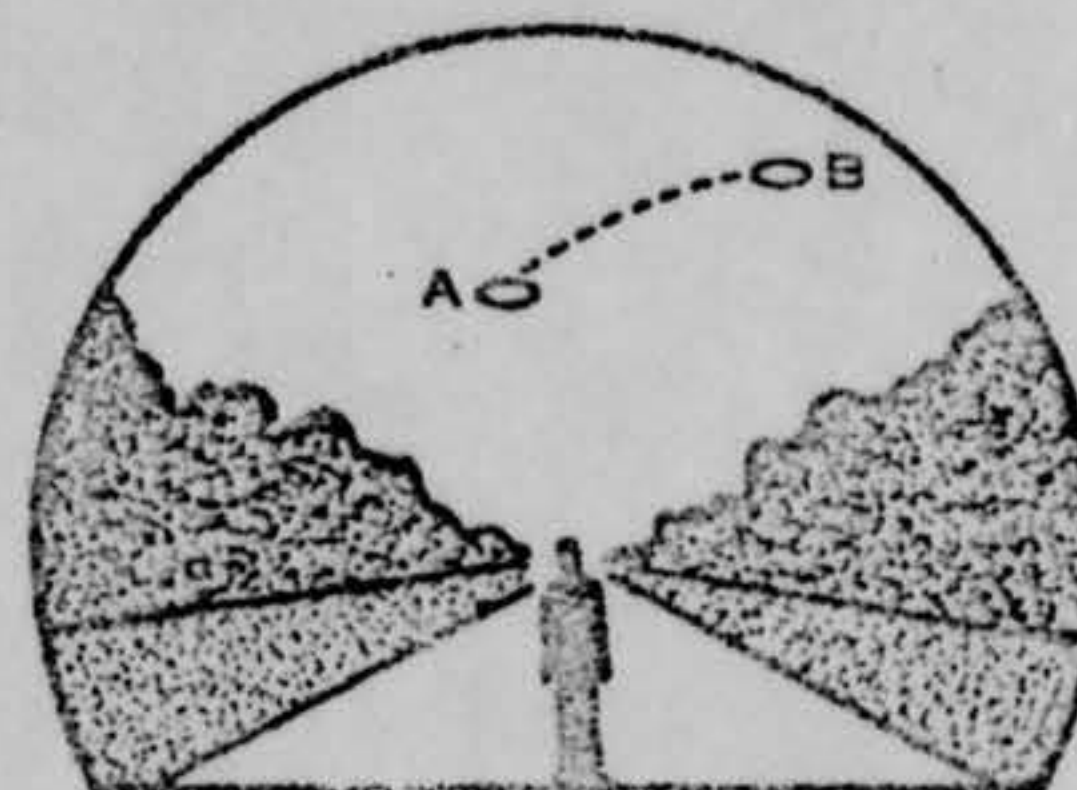
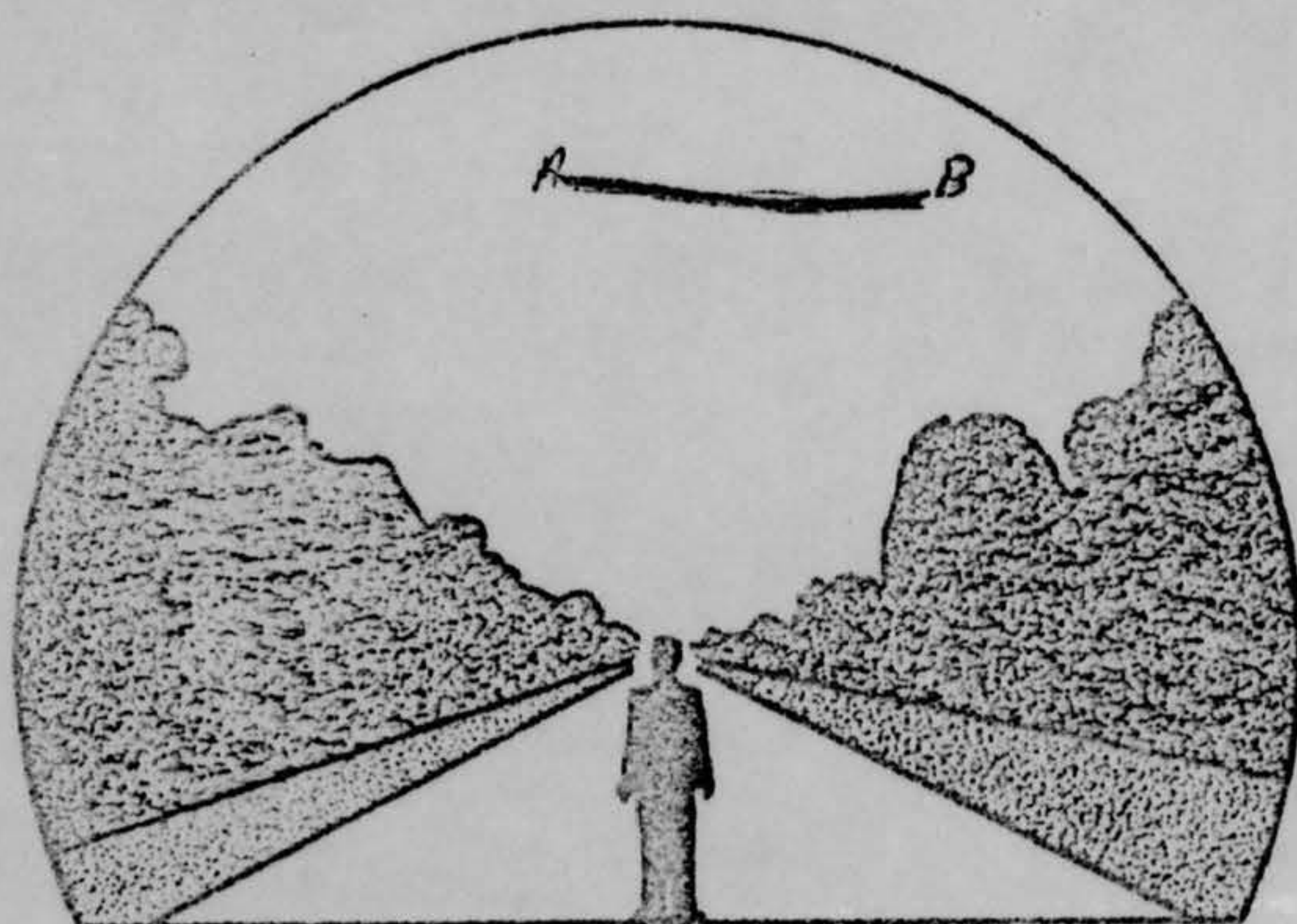




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/> OUTDOORS		<input type="checkbox"/> IN BUSINESS SECTION OF CITY	
<input type="checkbox"/> IN BUILDING		<input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY	
<input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER		<input type="checkbox"/> IN OPEN COUNTRYSIDE	
<input type="checkbox"/> IN BOAT		<input type="checkbox"/> NEAR AIRFIELD	
<input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		<input type="checkbox"/> FLYING OVER CITY	
<input type="checkbox"/> OTHER		<input type="checkbox"/> FLYING OVER OPEN COUNTRY	
		<input type="checkbox"/> OTHER	
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
<input type="checkbox"/> NORTH	<input type="checkbox"/> EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> SOUTH	<input type="checkbox"/> WEST		
<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> SOUTHEAST		
<input type="checkbox"/> NORTHWEST	<input type="checkbox"/> SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME		CERTAIN OF TIME	NOT VERY SURE
<i>approx 15 min.</i>		FAIRLY CERTAIN	<input checked="" type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED? <i>estimate</i>			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
DAY		CUMULUS CLOUDS (Low fluffy)	FOG OR MIST
TWILIGHT		CIRRUS CLOUDS (High fleecy or Herring-bone)	HEAVY RAIN
NIGHT			LIGHT RAIN OR DRIZZLE
CLEAR		NIMBUS CLOUDS (Rain)	HAIL
PARTLY CLOUDY		CUMULONIMBUS CLOUDS (Thunderstorms)	SNOW OR SLEET
COMPLETELY OVERCAST			UNKNOWN
		HAZE OR SMOG	NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
NONE	BRIGHT MOONLIGHT
A FEW	MOON WITH HALO
MANY	MOON HIDDEN BY CLOUDS
UNKNOWN	PARTIAL (New or quarter)

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

IN FRONT OF YOU	TO YOUR RIGHT	OVERHEAD (Near noon)
IN BACK OF YOU	TO YOUR LEFT	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

*Street light close to this address.*

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

*See item 5. It appeared to be light and self-luminous and the color was like a flame. It seemed to be brighter when I first observed it than at the last. This could have been due to its either burning itself out or to the wind carrying it to the North away from me to a distance where it would appear to be less bright.*



13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	✓		
	STAND STILL AT ANYTIME?		✓	
	SUDDENLY SPEED UP AND RUN AWAY?		✓	
	BREAK UP IN PARTS AND EXPLODE?		✓	
	CHANGE COLOR?		✓	
	GIVE OFF SMOKE?			✓
	CHANGE BRIGHTNESS?	✓		
	CHANGE SHAPE?		✓	
	FLASH OR FLICKER?	✓	✓	
	DISAPPEAR AND REAPPEAR?		✓	
	SPIN LIKE A TOP?		✓	
	MAKE A NOISE?		✓	
	FLUTTER OR WOBBLE?	✓		

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*The unusual brightness from the flashing and the fact that it appeared to be either carried by a balloon or a parachute, which appeared to be directly above the flashing light.*

A. HOW DID IT FINALLY DISAPPEAR?

*See 12.*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☐ YES ☒ NO. IF "YES," DESCRIBE.



23 Nov 67  
Ohio

TDPTA  
Lt. Col. Smith

Request wind velocity and direction for  
Dayton, Ohio 23 November 1967 between 2100  
and 2200 hours at surface and 6,000 feet.

TDPT (UFO)

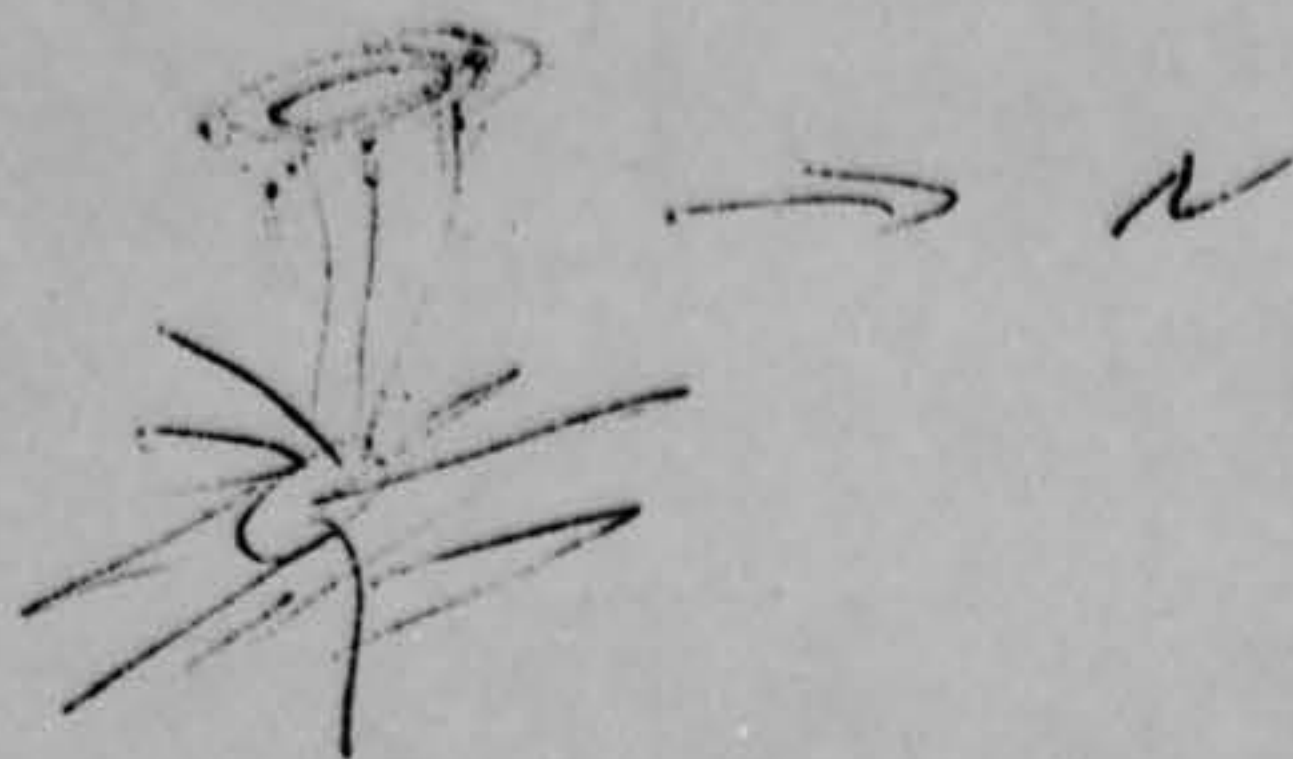
5 Dec 67

70916

7-3745-296



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

2



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGLASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☒ YES ☐ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 3.

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 1.

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

*The light appeared to be similar to lights dropped at night from an aircraft to light up an area such as is seen in movies and used in combat to light up a battle field area.*

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.

*See 20. Both in combat and in movies*

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?

A. LIST THEIR NAMES AND ADDRESSES

*my wife Mrs [REDACTED] and the others in our group who have already received similar inquiries.*

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

*DAYTON OHIO 45416*

TELEPHONE (area code and number)

AGE

*43*

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

*Mortgage loan officer.*

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

*my brother reported this to WPAFB.*

NAME

DAY *23*

MONTH *11*

YEAR *67*

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY *3*

MONTH *12*

YEAR *67*



23 Nov 67

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF:

TDPT/UFO

SUBJECT:

UFO Observation, 23 November 1967

NOV 24 1967


TO:

[REDACTED]

[REDACTED]

Speedway, Indiana 46224

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

 JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117



00 Report.

BOB Nr 21-R258

# SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 23 MONTH Nov YEAR 1967

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 2120 MINUTES — ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 2125 MINUTES — ☐ A.M. ☒ P.M.

4. TIME/ZONE

☒ EASTERN

☐ CENTRAL

☐ DAYLIGHT SAVINGS

☐ MOUNTAIN

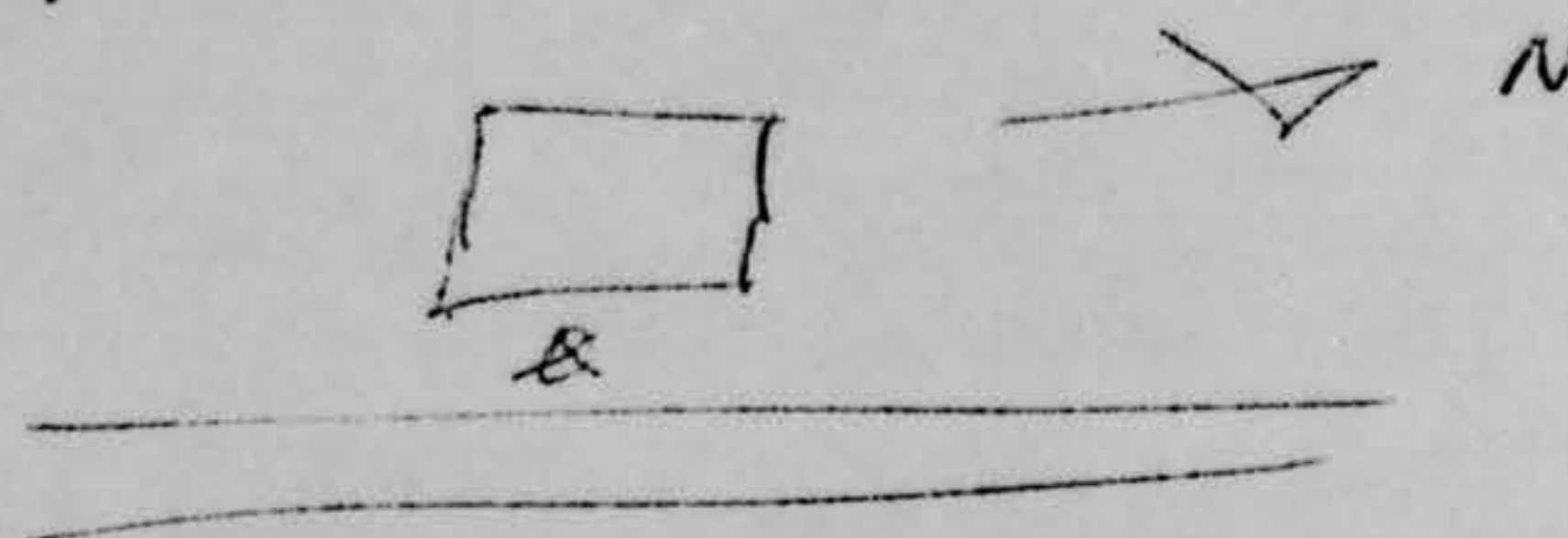
☐ PACIFIC

☐ STANDARD

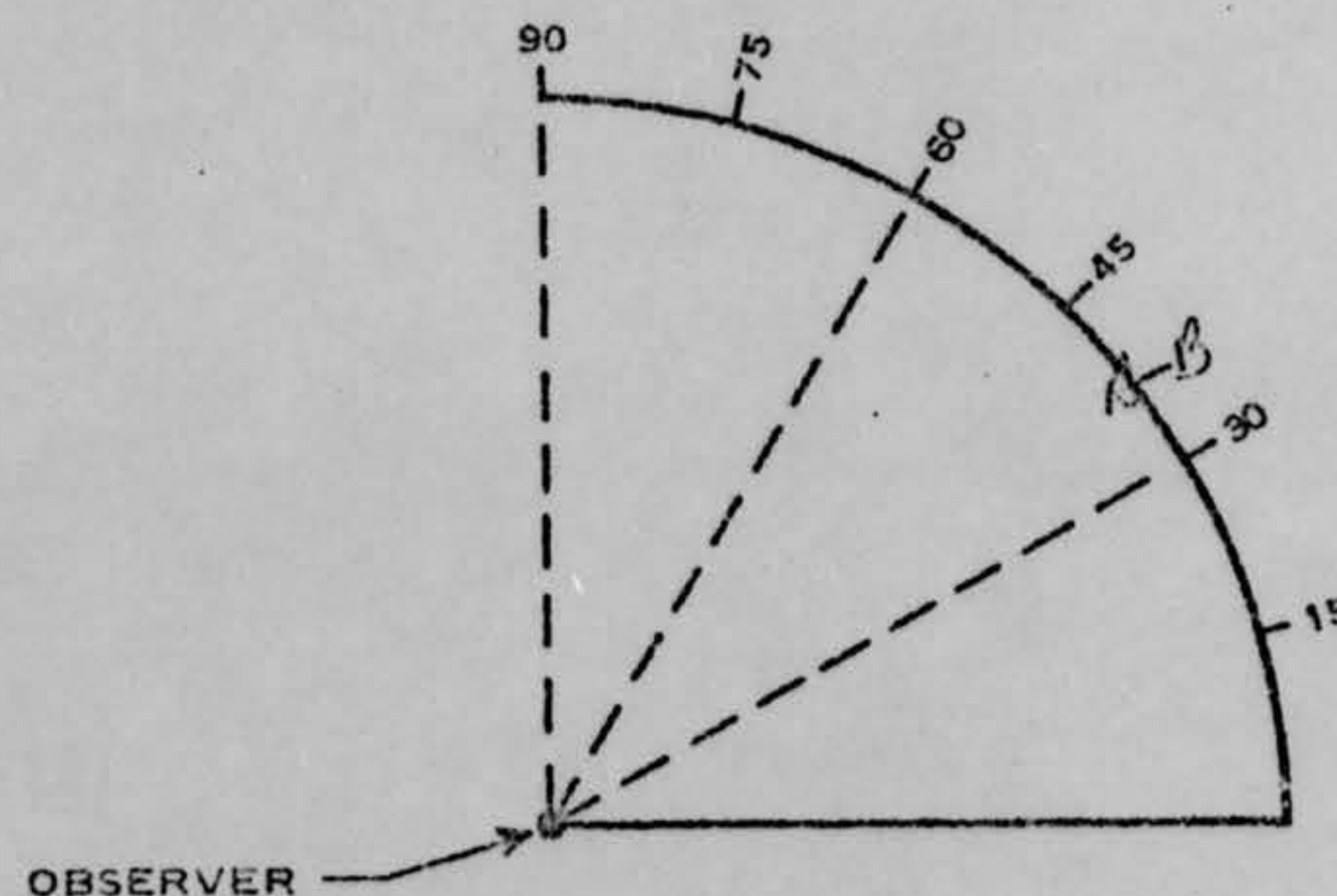
☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

[Redacted] Ave Dayton Ohio  
Dayton View Residential

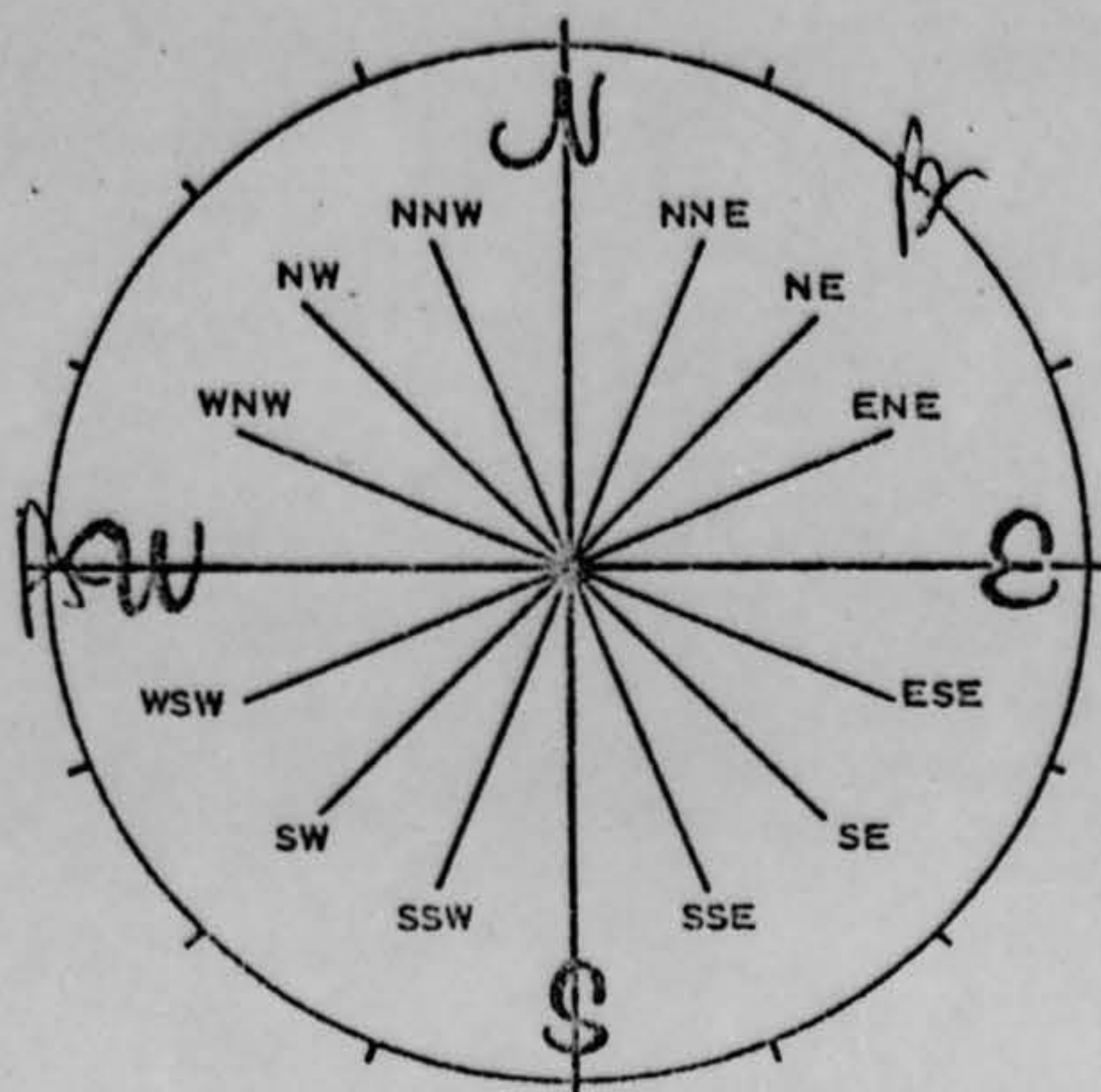


6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

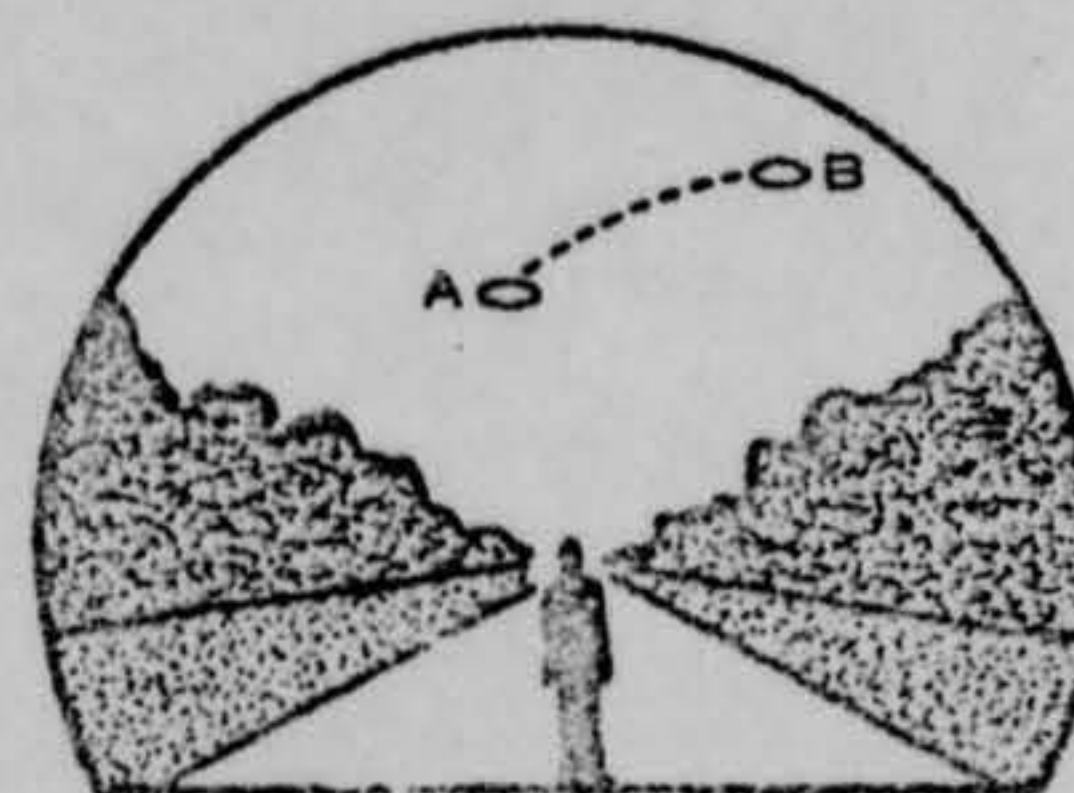
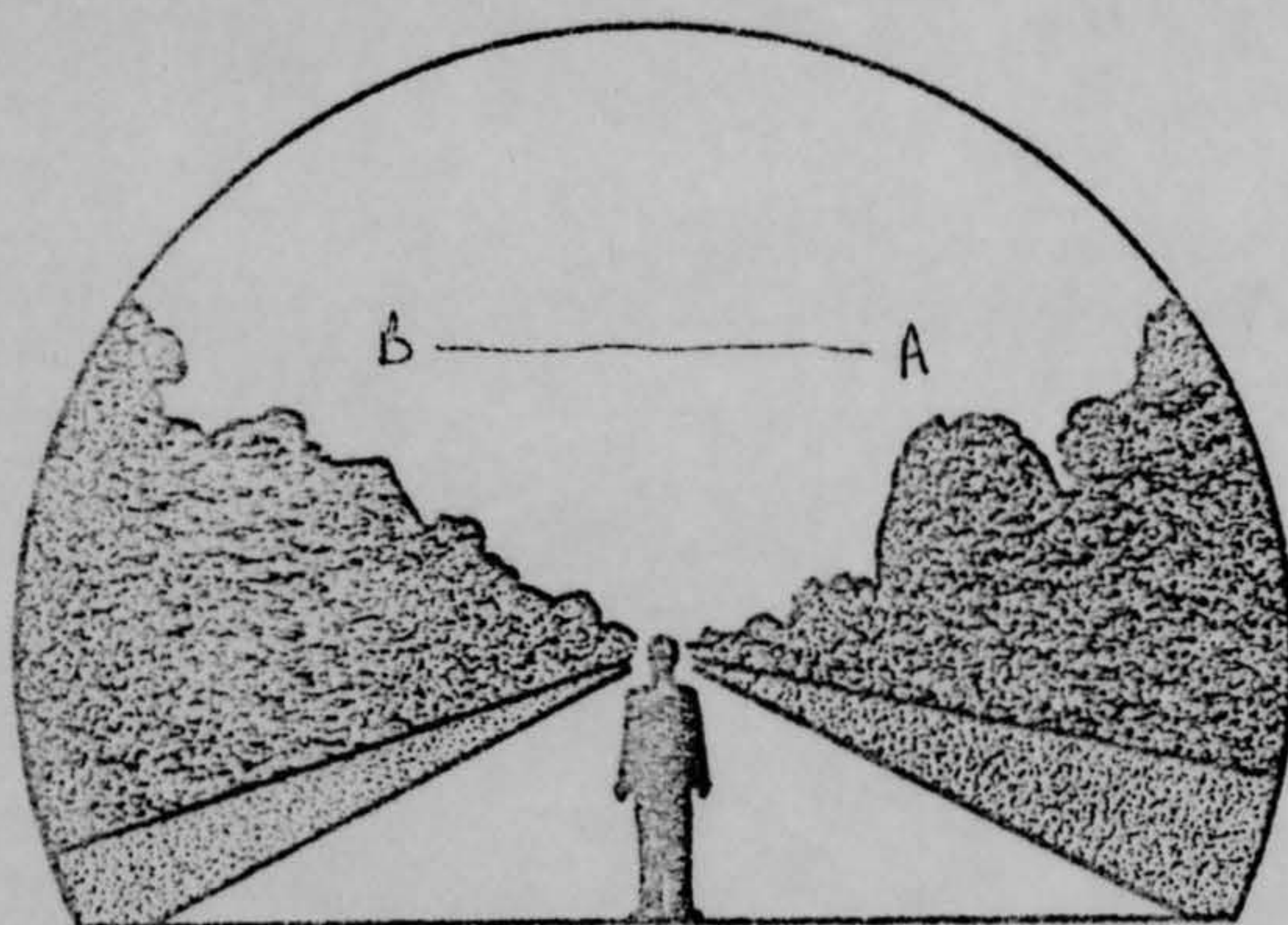




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/>	OUTDOORS		IN BUSINESS SECTION OF CITY
	IN BUILDING	<input checked="" type="checkbox"/>	IN RESIDENTIAL SECTION OF CITY
	IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER		IN OPEN COUNTRYSIDE
	IN BOAT		NEAR AIRFIELD
	IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		FLYING OVER CITY
	OTHER		FLYING OVER OPEN COUNTRY
			OTHER
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
	NORTH		EAST
	SOUTH		WEST
	NORTHEAST		SOUTHEAST
	NORTHWEST		SOUTHWEST
		DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
	LENGTH OF TIME		CERTAIN OF TIME
	5 min	<input checked="" type="checkbox"/>	NOT VERY SURE
		<input type="checkbox"/>	FAIRLY CERTAIN
			JUST A GUESS
HOW WAS TIME DETERMINED?			
visitors departing			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

1

11.

CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/> DAY		<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT		<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herringbone)	<input type="checkbox"/> HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input type="checkbox"/> CLEAR		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> HAIL
<input checked="" type="checkbox"/> PARTLY CLOUDY			<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST		<input type="checkbox"/> HAZE OR SMOG	<input type="checkbox"/> UNKNOWN
			<input type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> BRIGHT MOONLIGHT
<input type="checkbox"/> A FEW	<input type="checkbox"/> MOON WITH HALO
<input type="checkbox"/> MANY	<input type="checkbox"/> MOON HIDDEN BY CLOUDS
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PARTIAL (New or quarter)

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

*Phenomenon*

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

*Continuous orange glow, similar to Venus when it was visible but brighter*



13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	<input checked="" type="checkbox"/>		
	STAND STILL AT ANYTIME?		<input checked="" type="checkbox"/>	
	SUDDENLY SPEED UP AND RUN AWAY?		<input checked="" type="checkbox"/>	
	BREAK UP IN PARTS AND EXPLODE?		<input checked="" type="checkbox"/>	
	CHANGE COLOR?		<input checked="" type="checkbox"/>	
	GIVE OFF SMOKE?		<input checked="" type="checkbox"/>	
	CHANGE BRIGHTNESS?		<input checked="" type="checkbox"/>	
	CHANGE SHAPE?		<input checked="" type="checkbox"/>	
	FLASH OR FLICKER?		<input checked="" type="checkbox"/>	
	DISAPPEAR AND REAPPEAR?		<input checked="" type="checkbox"/>	
	SPIN LIKE A TOP?		<input checked="" type="checkbox"/>	
	MAKE A NOISE?		<input checked="" type="checkbox"/>	
	FLUTTER OR WOBBLE?		<input checked="" type="checkbox"/>	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*Brother called me outside*

A. HOW DID IT FINALLY DISAPPEAR?

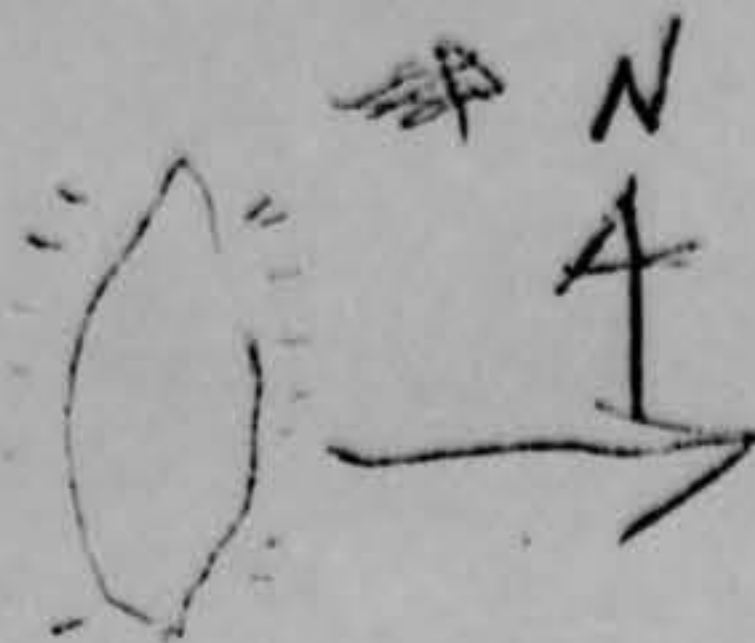
*lost in trees.*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☒ YES ☐ NO. IF "YES," DESCRIBE.

*went out of sight behind trees.*



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

Object would have been covered by  
match head.



# PROJECT 5957D - UFO DATA

SOUNDING # 3		LOCATION: Dayton, Ohio		DATE:	
HEIGHT Feet	PRESSURE mb	TEMP °C	DEW POINT °C	DIRECTION deg	SPEED kts
23 Nov 67					
SFC(21L)				190	4
SFC(22L)				170	4
6,000	(0700L Data, 24 Nov 67)			270	17
10,000	(0700L Data, 24 Nov 67)			250	36
16,000	(0700L Data, 24 Nov 67)			260	49
20,000	(0700L Data, 24 Nov 67)			260	51
24 Nov 67				280	
SFC(22L)				290	3
6,000				230	15
22 Oct 67					
SFC(18L)				140	6
SFC(19L)				120	4
6,000				140	3
10,000				300	5
16,000				280	6
20,000				270	15

REMARKS:

DATA SOURCE: ETAC Data Files

ANALYST: SSgt Dunham

Aug 1, 1968



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

<input checked="" type="checkbox"/> EYEGLASSES	<input type="checkbox"/> CAMERA VIEWER
<input type="checkbox"/> SUNGLASSES	<input type="checkbox"/> BINOCULARS
<input type="checkbox"/> WINDSHIELD	<input type="checkbox"/> TELESCOPE
<input type="checkbox"/> SIDE WINDOW OF VEHICLE	<input type="checkbox"/> THEODOLITE
<input type="checkbox"/> WINDOWPANE	<input type="checkbox"/> OTHER

A. DO YOU ORDINARILY WEAR GLASSES? ☒ YES ☐ NO

B. DO YOU USE READING GLASSES? ☐ YES ☐ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 10-15 mph

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE \_\_\_\_\_

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

*Comparable to Venus when it was  
in sight*

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.



23 Nov 67

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?  
☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

MR. & MRS. [REDACTED]

MR. & MRS. [REDACTED]

MR. & MRS. [REDACTED]

MRS. [REDACTED]

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

AGE

41

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

\* Note: MR. [REDACTED] was at [REDACTED] when sighting was made.

Occupation: Electrical Engr. Allison Div. of  
General Motors Indianapolis Ind.

\* Note: A [REDACTED]  
Ave. [REDACTED] possibly got photo of  
Object - 45405

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME SSgt A. J. Browning DAY 23 MONTH Nov YEAR 1967

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 23 MONTH Nov YEAR 1967



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE,  
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

*None.*



# PROJECT 10073 RECORD

1. DATE - TIME GROUP 26 November 67	2. LOCATION Dayton, Ohio (1 Witness)
3. SOURCE Civilian	10. CONCLUSION Possible (AIRCRAFT)
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 1 Minute	11. BRIEF SUMMARY AND ANALYSIS Observer sighted a bright star-like object that was going from east to west.
6. TYPE OF OBSERVATION Ground-Visual	COMMENTS: One Form 117 from the observer indicated that he saw the object at 1810 hrs. On 26 Nov. however, on 4 Dec 67 a report was received from the observer listing the sighting as 26 Dec 67. Since this date is impossible it is assumed that both forms are on the one sighting. The time is listed as 2110 on the second form. The observers description is consistent with that of numerous aircraft that are in the Dayton area.
7. COURSE E to W	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



26 Nov 67

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF: TDPT/UFO

SUBJECT: UFO Observation, 26 November 1967

NOV 27 1967

TO:

~~████████████████████~~  
Dayton, Ohio 45427

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 26 November 1967 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

*J*  
JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117

NOT FILED IN Project



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF:

TDPT/UFO

SUBJECT:


UFO Observation, 26 November 1967

NOV 27 1967

TO:

[REDACTED]  
Dayton, Ohio 45427

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

 JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117



# SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 26 NOV MONTH NOV YEAR 67

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 1810 MINUTES \_\_\_\_\_ ☐ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 1811 MINUTES        ☐ A.M. ☐ P.M.

#### 4. TIME/ZONE

☐ DAYLIGHT SAVINGS☐ STANDARD

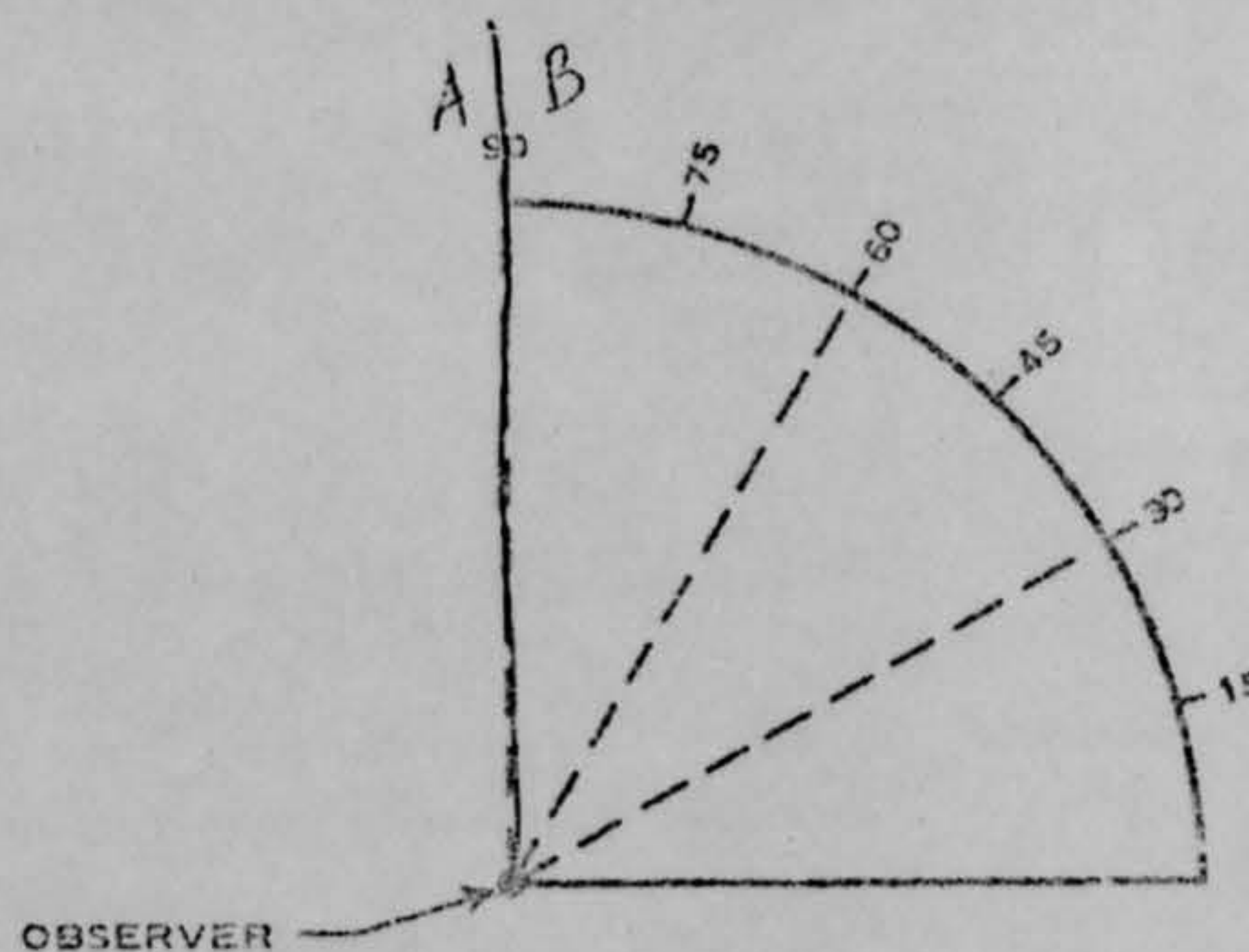
☒ EASTERN

☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

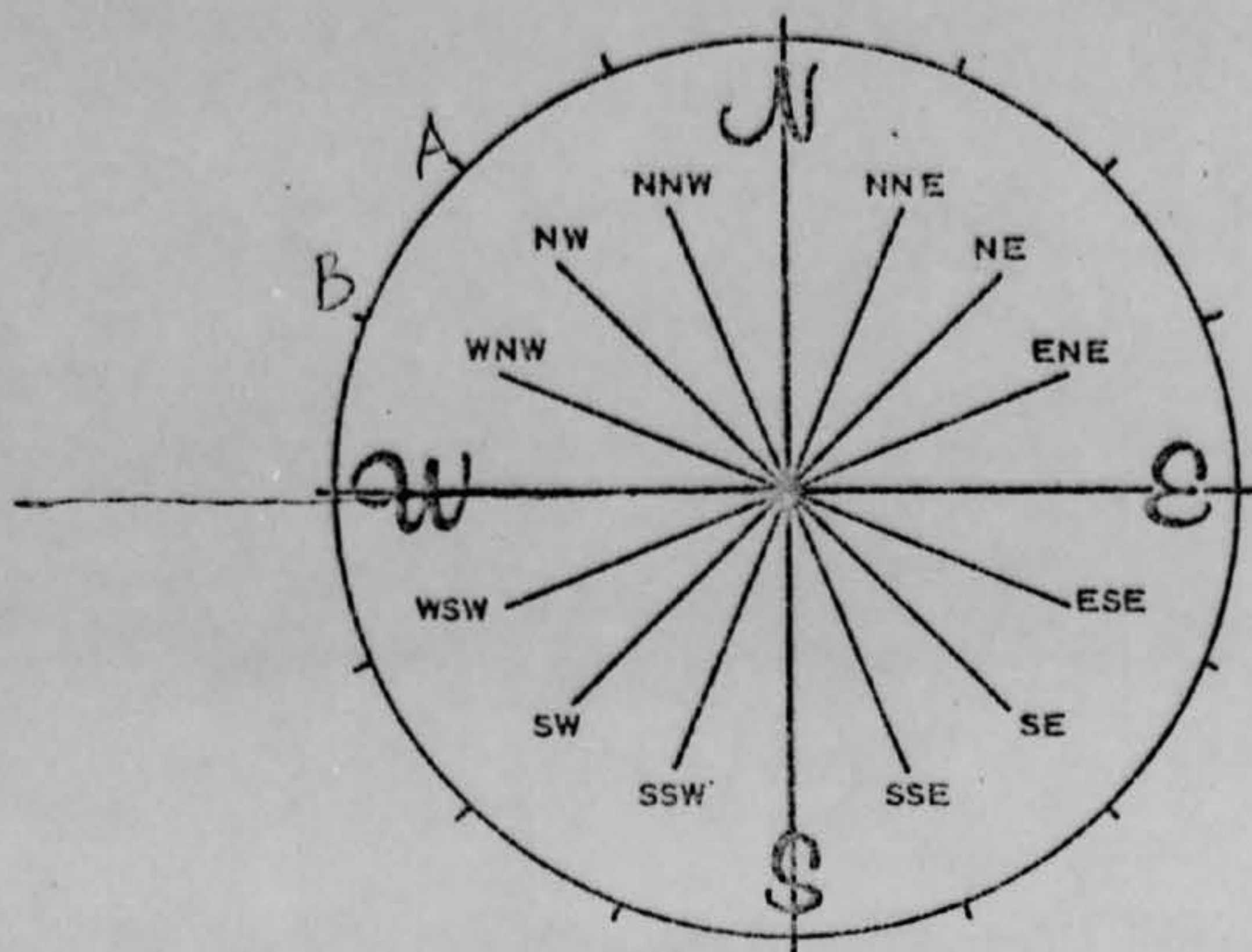
~~REDACTED~~, Dayton

5. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



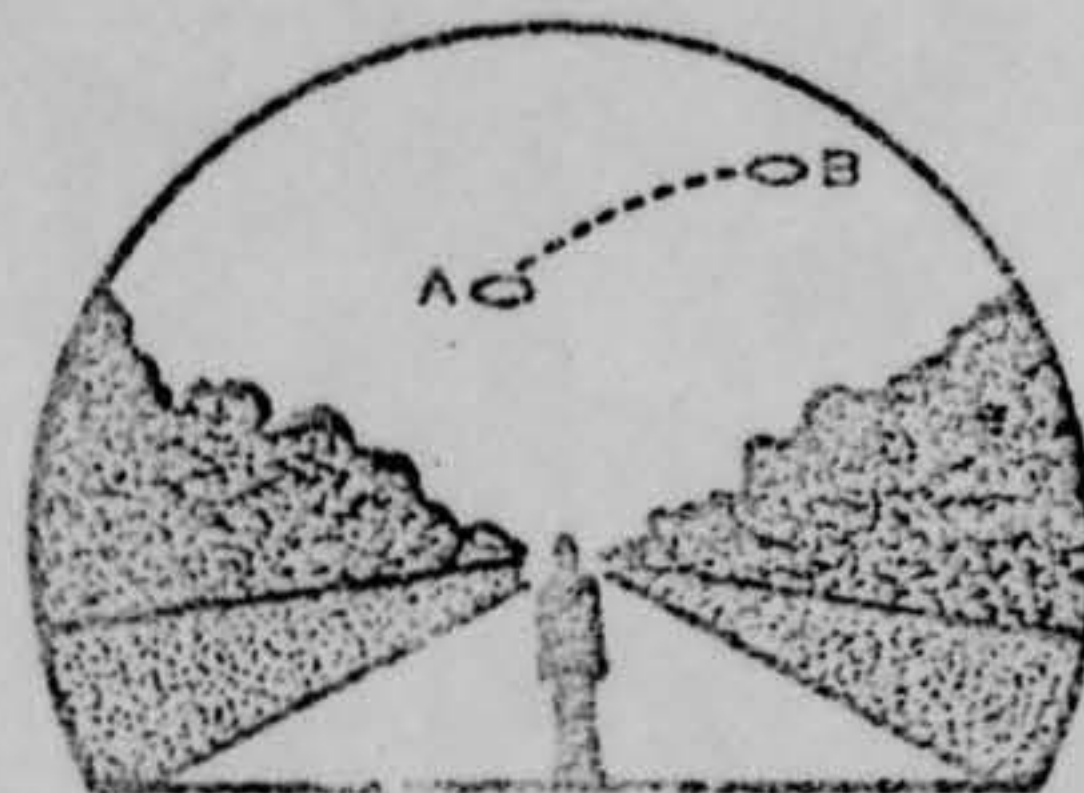
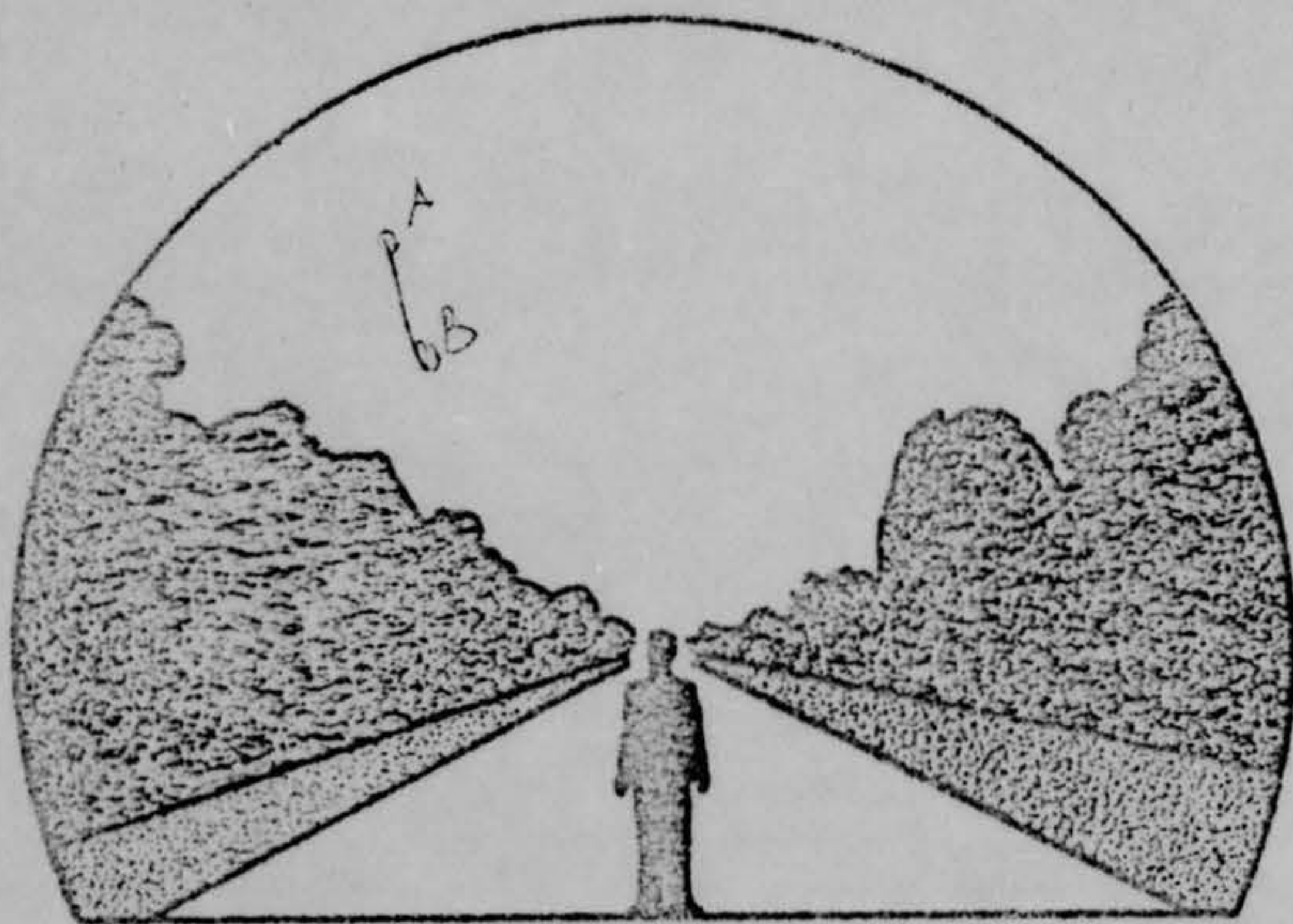


6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.

*E-W as fast as req. circle*





8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/>	OUTDOORS		IN BUSINESS SECTION OF CITY
	IN BUILDING	<input checked="" type="checkbox"/>	IN RESIDENTIAL SECTION OF CITY
	IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER		IN OPEN COUNTRYSIDE
	IN BOAT		NEAR AIRFIELD
	IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		FLYING OVER CITY
	OTHER		FLYING OVER OPEN COUNTRY
			OTHER
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOUTH	WEST		
NORTHEAST	SOUTHEAST		
NORTHWEST	SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME		CERTAIN OF TIME	<input checked="" type="checkbox"/> NOT VERY SURE
1 min		FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED?			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

only one

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/>	DAY	<input type="checkbox"/>	CUMULUS CLOUDS (Low fluffy)
<input checked="" type="checkbox"/>	TWILIGHT	<input type="checkbox"/>	CIRRUS CLOUDS (High fleecy or Herring-bone)
<input type="checkbox"/>	NIGHT	<input type="checkbox"/>	NIMBUS CLOUDS (Rain)
<input type="checkbox"/>	CLEAR	<input type="checkbox"/>	CUMULONIMBUS CLOUDS (Thunderstorms)
<input checked="" type="checkbox"/>	PARTLY CLOUDY	<input type="checkbox"/>	HAZE OR SMOG
<input checked="" type="checkbox"/>	COMPLETELY OVERCAST	<input type="checkbox"/>	FOG OR MIST
		<input type="checkbox"/>	HEAVY RAIN
		<input type="checkbox"/>	LIGHT RAIN OR DRIZZLE
		<input type="checkbox"/>	HAIL
		<input type="checkbox"/>	SNOW OR SLEET
		<input type="checkbox"/>	UNKNOWN
		<input type="checkbox"/>	NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
<input type="checkbox"/>	NONE
<input checked="" type="checkbox"/>	A FEW
<input type="checkbox"/>	MANY
<input type="checkbox"/>	UNKNOWN
<input type="checkbox"/>	BRIGHT MOONLIGHT
<input type="checkbox"/>	MOON WITH HALO
<input type="checkbox"/>	MOON HIDDEN BY CLOUDS
<input type="checkbox"/>	PARTIAL (New or quarter)
	NO MOONLIGHT
	UNKNOWN

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☒ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/>	IN FRONT OF YOU	<input type="checkbox"/>	TO YOUR RIGHT	<input type="checkbox"/>	OVERHEAD (Near noon)
<input type="checkbox"/>	IN BACK OF YOU	<input type="checkbox"/>	TO YOUR LEFT	<input type="checkbox"/>	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

none

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

bright as a star,  
self luminous  
like a star - white

circular  
like a falling ~~star~~ star but too slow



23 Nov 67

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF:

TDPT/UFO

NOV 30 1967

SUBJECT:

UFO Observation, 23 November 1967

TO:

[REDACTED]  
Dayton, Ohio 45405

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

*JCM*  
JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117



13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	X		
	STAND STILL AT ANYTIME?		X	
	SUDDENLY SPEED UP AND RUN AWAY?		X	
	BREAK UP IN PARTS AND EXPLODE?		X	
	CHANGE COLOR?		X	
	GIVE OFF SMOKE?		X	
	CHANGE BRIGHTNESS?		X	
	CHANGE SHAPE?		X	
	FLASH OR FLICKER?	X		
	DISAPPEAR AND REAPPEAR?		X	
	SPIN LIKE A TOP?		X	
	MAKE A NOISE?		X	
	FLUTTER OR WOBBLE?		X	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*nothing - just  
happened to see it*

A. HOW DID IT FINALLY DISAPPEAR?

*observer went inside*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☐ YES ☒ NO. IF "YES," DESCRIBE.



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

match head perfectly covers  
it.



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGLASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☐ YES ☐ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED over 100 mph

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE far away

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

*falling star only slower*

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.

Summer of '67, same location

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?

A. LIST THEIR NAMES AND ADDRESSES

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area Number)

AGE

14

X

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

School courses in science

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME

no one else

DAY

MONTH

YEAR

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY

26

MONTH

NOV

YEAR

67



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE,  
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.



UFO

I also saw a dot zig-zag-  
in the air at a distance.  
It passed a plane and if  
you will send me a form  
I will fill it out.



*Rec 4 Dec 1967*

BOB Nr 21-R258

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

755  
745  
1. WHEN DID YOU SEE THE PHENOMENON?  
*Dec 26, 1967* DAY 26 MONTH Dec YEAR 67

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?  
HOUR 9 MINUTES 10 ☐ A.M. ☒ P.M.

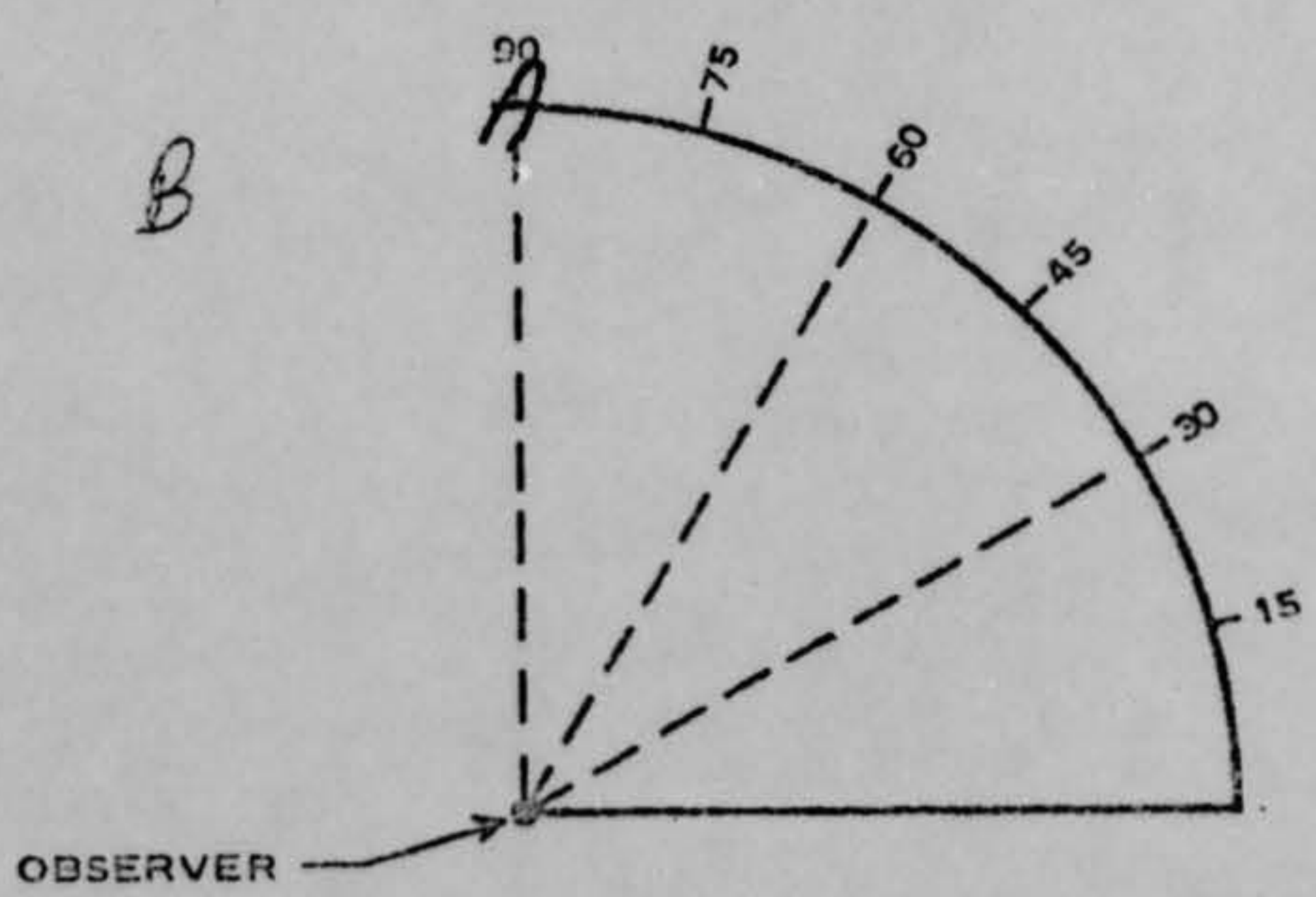
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?  
HOUR 9 MINUTES 11 ☐ A.M. ☒ P.M.

4. TIME / ZONE ☐ DAYLIGHT SAVINGS ☐ STANDARD  
☒ EASTERN ☐ CENTRAL ☐ MOUNTAIN ☐ PACIFIC ☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

*In a field. Near [redacted] Graystone Dr.*

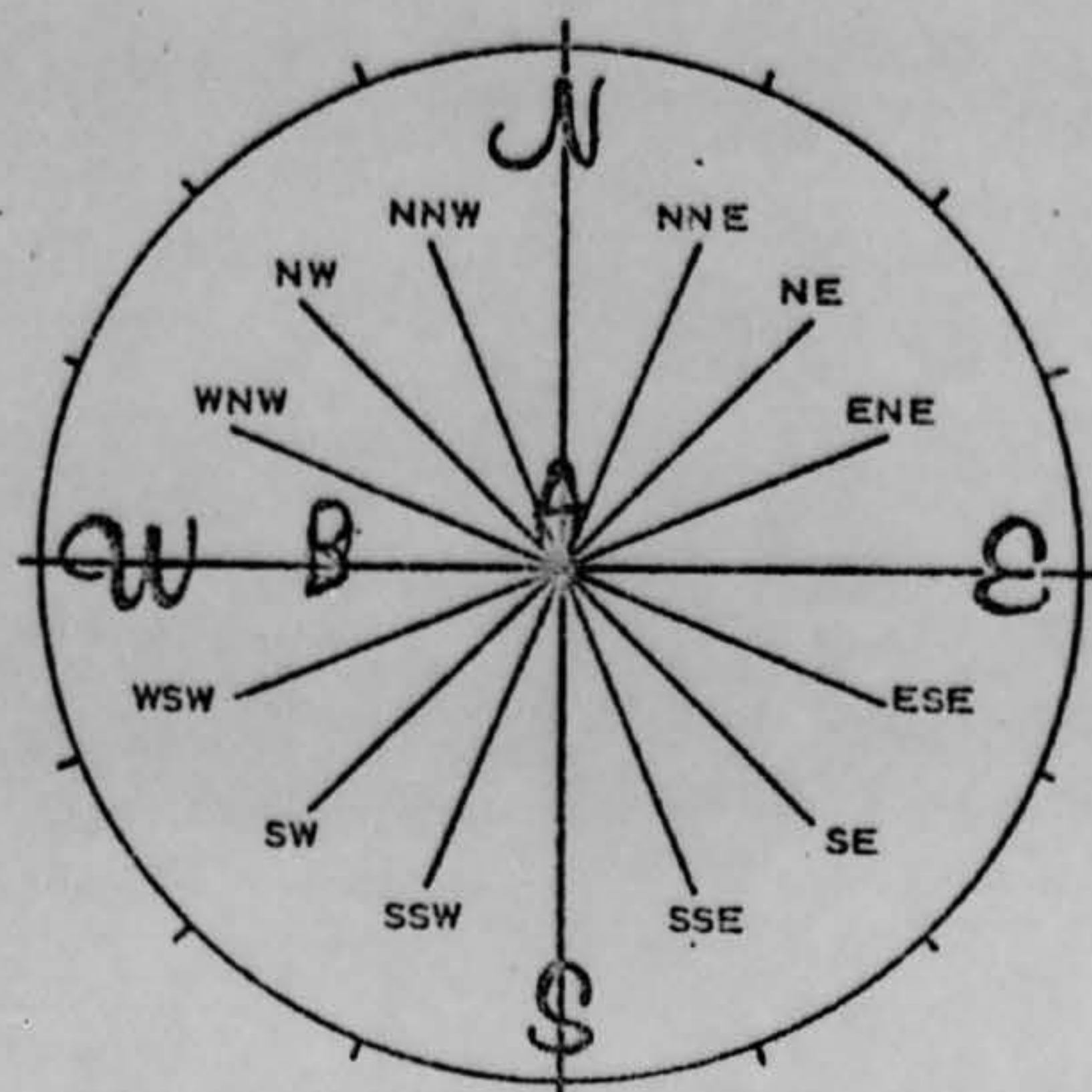
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



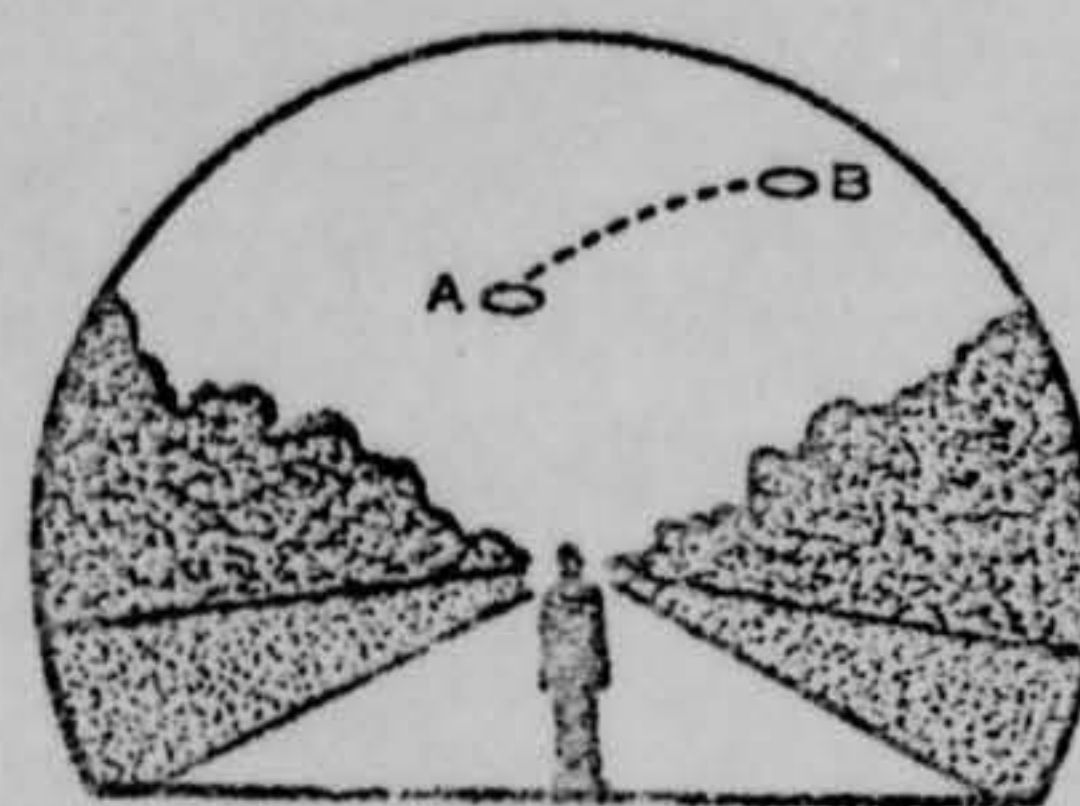
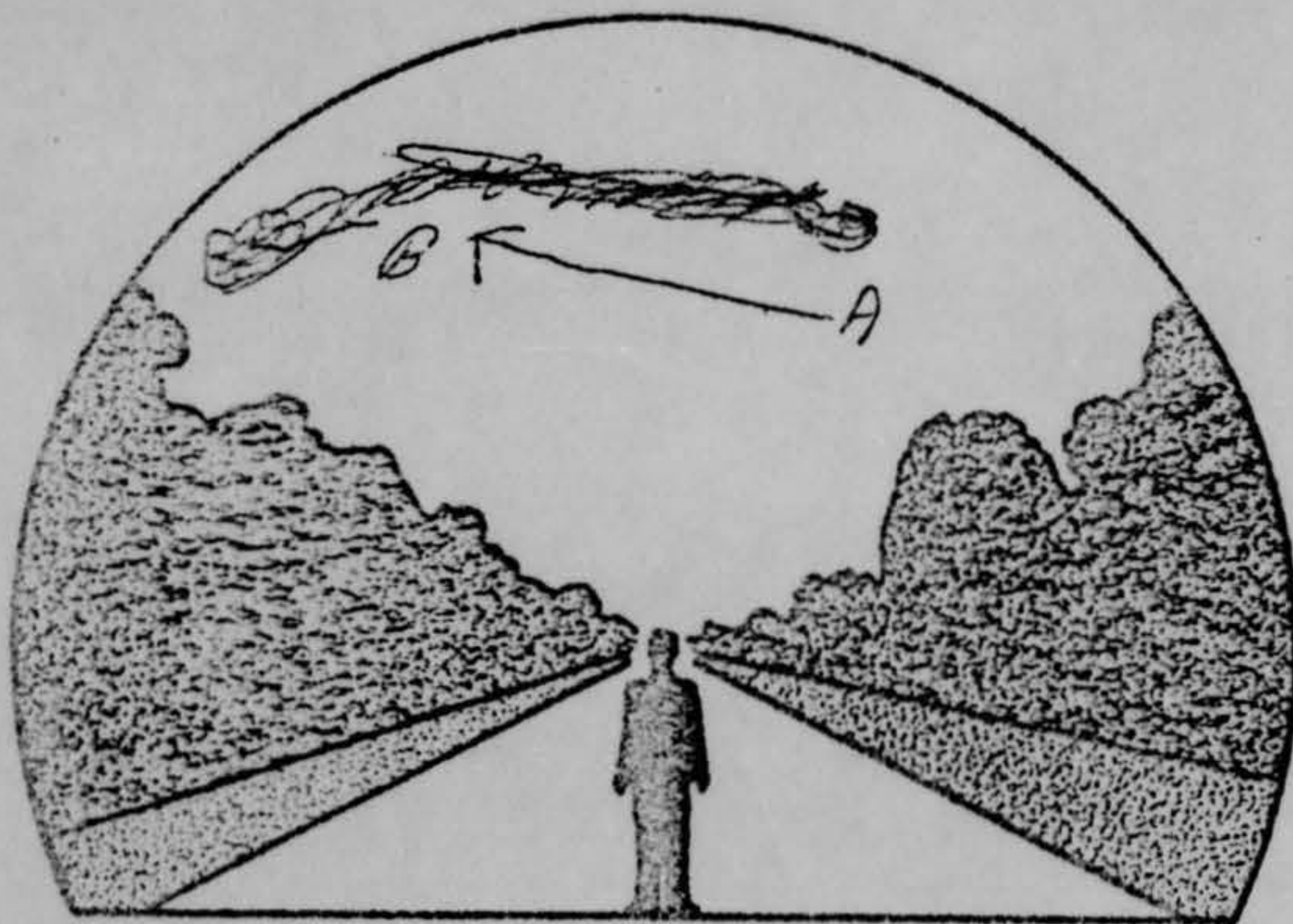
*Also see 26 Nov. 18, 10 local sighting.*



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/> OUTDOORS		IN BUSINESS SECTION OF CITY	
IN BUILDING		IN RESIDENTIAL SECTION OF CITY	
IN CAR	<input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	IN OPEN COUNTRYSIDE	
IN BOAT		NEAR AIRFIELD	
IN AIRPLANE	<input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	FLYING OVER CITY	
OTHER		FLYING OVER OPEN COUNTRY	
		OTHER	
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOUTH	WEST		
NORTHEAST	SOUTHEAST		
NORTHWEST	SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. <div style="text-align: center; font-size: 2em;">?</div>			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME		CERTAIN OF TIME	NOT VERY SURE
I saw it <del>at</del> a min. and then I can when it was still there.		FAIRLY CERTAIN	JUST A GUESS
HOW WAS TIME DETERMINED? Just dark			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			
I just watched it a min and it was still there when I left it.			



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)			
A. SKY		B. WEATHER	
<input type="checkbox"/> DAY	<input checked="" type="checkbox"/>	CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT	<input type="checkbox"/>	CIRRUS CLOUDS (High fleecy or Herringbone)	<input type="checkbox"/> HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input type="checkbox"/> CLEAR	<input type="checkbox"/>	NIMBUS CLOUDS (Rain)	<input type="checkbox"/> HAIL
<input checked="" type="checkbox"/> PARTLY CLOUDY	<input type="checkbox"/>	CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> UNKNOWN
		HAZE OR SMOG	<input checked="" type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
<input type="checkbox"/> NONE	<input type="checkbox"/> BRIGHT MOONLIGHT
<input checked="" type="checkbox"/> A FEW	<input type="checkbox"/> MOON WITH HALO
<input type="checkbox"/> MANY	<input type="checkbox"/> MOON HIDDEN BY CLOUDS
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PARTIAL (New or quarter)

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

NO LIGHT SOURCE

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

light  
Self Luminous  
white  
solid  
Bright as star



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 23 MONTH Nov. YEAR 1967

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

App. HOUR 9 MINUTES 35 ☐ A.M. ☒ P.M.

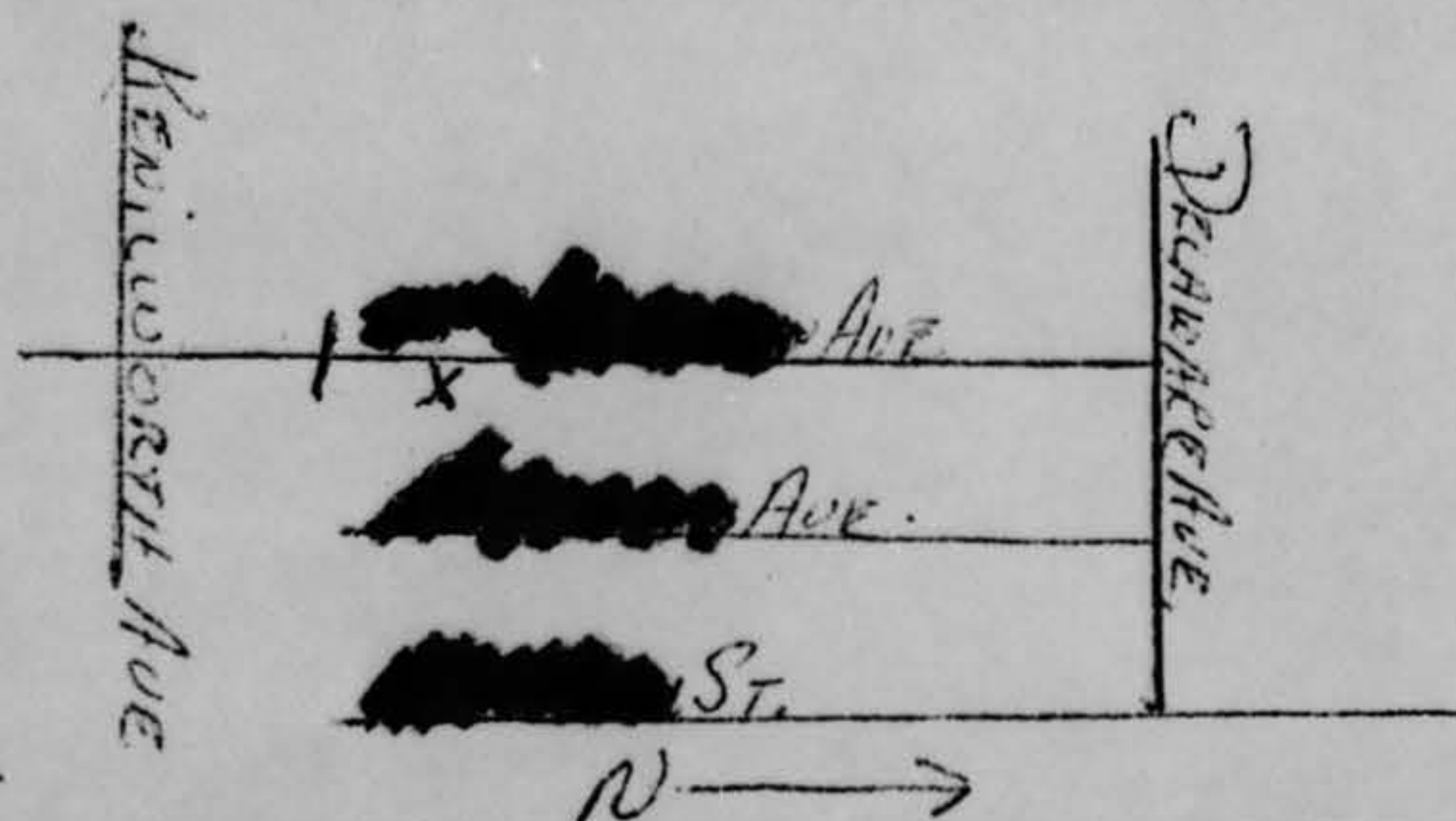
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

App. HOUR 9 MINUTES 40 ☐ A.M. ☒ P.M.

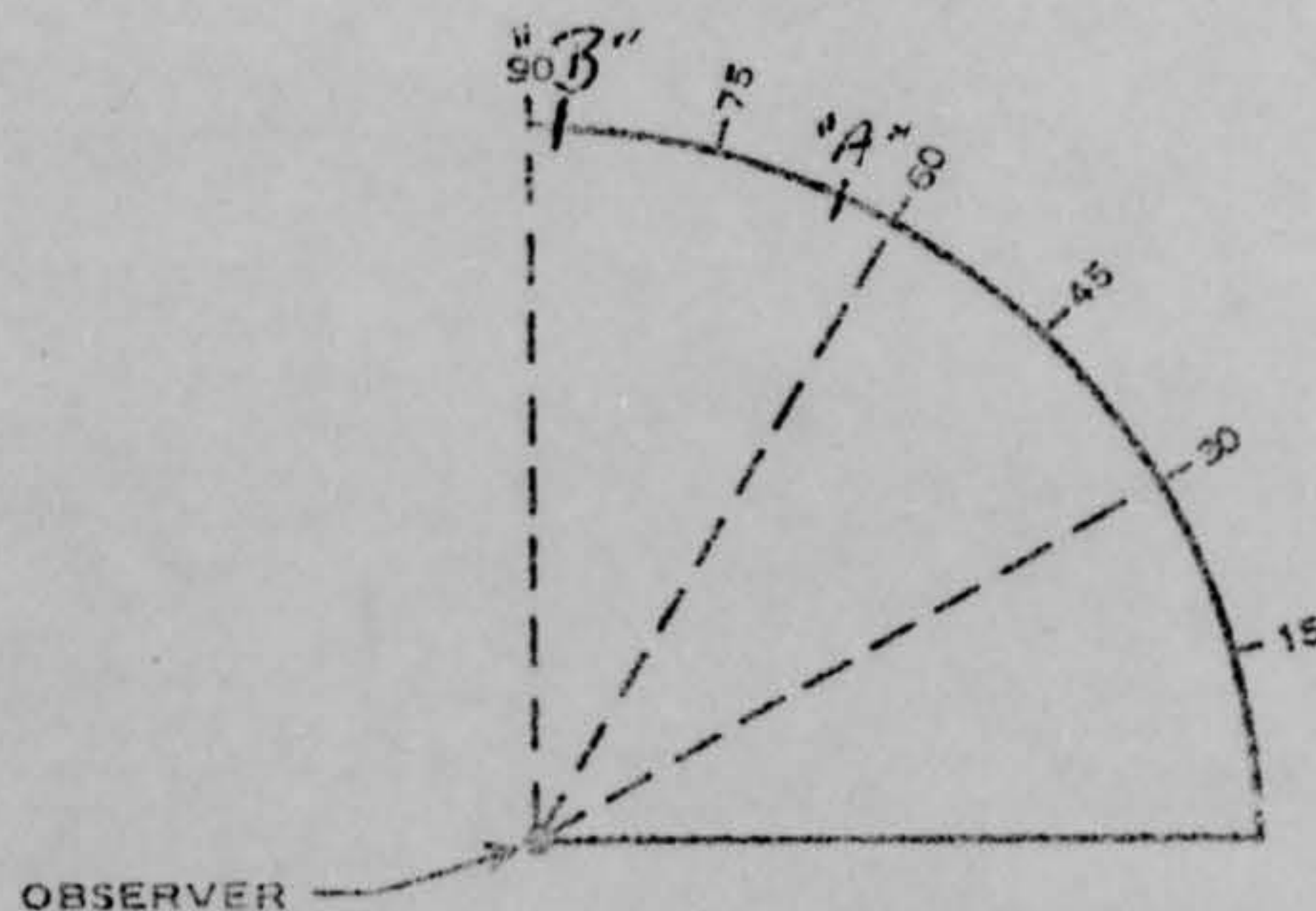
4. TIME/ZONE

☐ DAYLIGHT SAVINGS☒ STANDARD☐ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.



6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.





13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	X		
	STAND STILL AT ANYTIME?		X	
	SUDDENLY SPEED UP AND RUN AWAY?		X	
	BREAK UP IN PARTS AND EXPLODE?		X	
	CHANGE COLOR?		X	
	GIVE OFF SMOKE?		X	
	CHANGE BRIGHTNESS?		X	
	CHANGE SHAPE?		X	
	FLASH OR FLICKER?	X		
	DISAPPEAR AND REAPPEAR?		X	
	SPIN LIKE A TOP?		X	
	MAKE A NOISE?		X	
	FLUTTER OR WOBBLE?		X	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*I just looked up.*

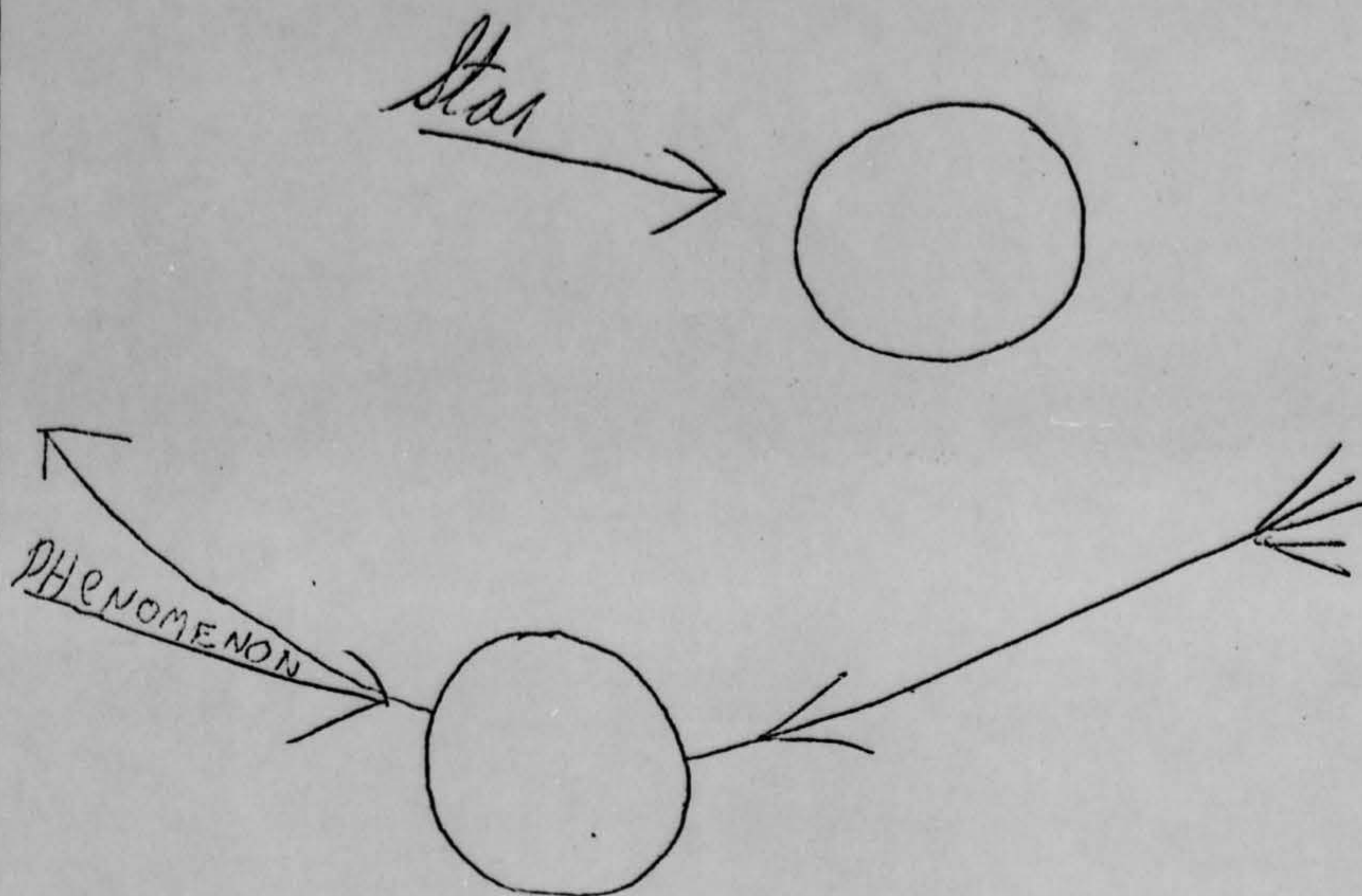
A. HOW DID IT FINALLY DISAPPEAR?

*It didn't but I went in the house*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☐ YES ☒ NO. IF "YES," DESCRIBE.



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

*It would cover the match head.*

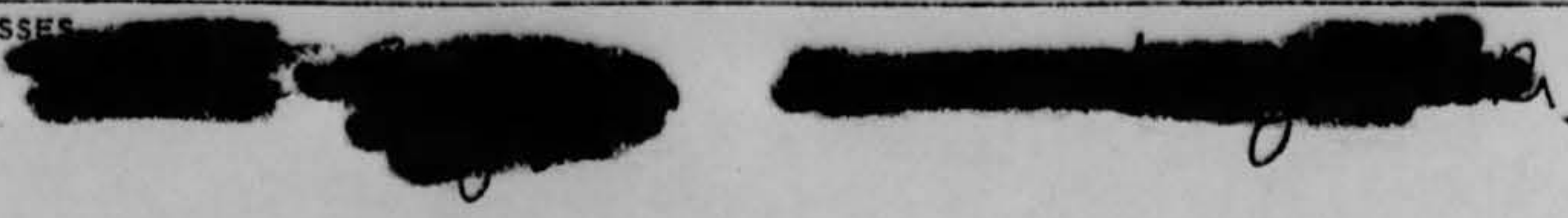


17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.	
EYEGLASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER
A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>200mph</u>	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>5 miles</u>
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.	
<p style="font-size: 1.2em; font-family: cursive;">a dot as big as a star going <del>to</del> in the air.</p>	
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	





22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.  
*summer of "67"*

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?  
☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES  


24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME 

ADDRESS (Street, City, State and Zip Code)  *Dayton, Ohio 45427*

TELEPHONE (Area code and number) *NO PHONE* AGE *14* ☒ MALE ☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.  
*Student at Madison Jr. High.*

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?  
NAME \_\_\_\_\_ DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.  
DAY *28* MONTH *Dec.* YEAR *67*